



**ЗдравПлюс / ZdravPlus**

ENSURING ACCESS TO QUALITY  
HEALTHCARE IN CENTRAL ASIA

## Six-Month Report July – December 2003

Prepared by: **ZdravPlus**  
For: **USAID**

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## **REGIONAL Six-Month Report July – December 2003**

### **REGIONAL SUMMARY**

Over the past six months, ZdravPlus has continued to move strategically forward with health reform in light of the specific situations and events that have taken place on the country-level. While targeting its programs to the national level in order to take advantage of the unique environment of each of the Central Asian countries, there are certain areas in which regional activities are more appropriate. During the last six months, regional activities have included a number of conferences, including the 25<sup>th</sup> Anniversary of the Alma Ata Declaration PHC Conference, the National Health Accounts Workshop, and the European Observatory Conference.

Ongoing activities have included the Council of Rectors and the Nursing Council, which bring together members from across Central Asia to address the important issue of medical education, as well as training for family practitioners from across the region at the Bishkek Family Medicine Training Center and the rollout of Interpersonal Communication Skills Training throughout the region.

Information dissemination, research activities, and health promotion have also continued to benefit from regionwide collaboration and exchange of information.

### **SUMMARY OF ACTIVITIES**

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#### **Population Involvement**

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##### ***Health Promotion***

Regional collaboration on health promotion activities has continued to increase during the past six months. Products, such as printed materials and videos, developed in one country have been increasingly adapted for use in other countries. For example, materials on antibiotics and IMCI developed in one country were adapted for use in another. Increasingly, when designing health promotion materials or activities, ZdravPlus has been able to build on its own experience and expertise region-wide.

In December, an updated CD of printed health promotion materials was created, and electronic versions of all printed health promotion materials were posted to the ZdravPlus website in PDF format. The ZdravPlus website was featured on the front page of the Eurasia Health site in December and WHO/Euro expressed interest in the ZdravPlus site, adding a link from their maternal child health page to the ZdravPlus site. The Health Promotion Materials CD will be distributed region-wide in early 2004 to interested local and international organizations.

##### ***Information Dissemination***

Information dissemination continues to play an important role for ZdravPlus, helping to educate local and international counterparts about key issues in health care reform in Central Asia. During the second half of 2003, a total of 18 success stories were printed in English and in Russian for dissemination at international conferences and to local partners. The ZdravPlus electronic library, now containing 193 documents, including technical reports, success stories, trip reports, presentations and related documents, is being consistently updated with new materials and is made available to interested parties in CD ROM format. As increasing numbers of materials are being made available in Russian, this library CD has become a valuable tool for local counterparts.

Two issues of the *Time to be Healthy* newsletter were published and distributed in hard copy in Russian and Uzbek and in electronic version in Russian and in English. Additionally, a 2004 calendar highlighting positive developments in the health care system in Central Asia was published and distributed to local counterparts.

### ***Healthy Communities Grants Program***

Through this joint Counterpart-ZdravPlus small grants program, a total of 129 granted projects (114 funded by USAID and 15 funded by Soros in Kyrgyzstan, where Soros/OSI serves as a third implementing partner and additional funding source) were underway during this period, representing grantees from rounds I and II of the grant program. Of these, 80 were health grants and 49 community action grants (CAGs).

ZdravPlus has provided training to grantees, with the goal of ensuring technical accuracy of health information and helping to build the capacity of the local organizations to carry out effective work in the field of health care. ZdravPlus assistance has included help in developing health promotion materials, assistance in developing training modules on health topics, provision of ZdravPlus or other health promotion materials for distribution, training on message development and interpersonal communications skills, and trainings organized in cooperation with other international organizations on topics such as HIV/AIDS.

While it is difficult to judge the impact of the program on the broader health of the population, especially so early on and while the first round's projects are just coming to an end, significant formal and informal feedback—both informally and through monitoring—has suggested that these projects are benefiting their communities. Projects have ranged from a veterinary point for cattle in Kyrgyzstan, which has been helping to prevent the spread of disease from livestock to humans, to creation of a Healthy Family Center in Samarkand, Uzbekistan to prepare expectant parents for childbirth and infant care and train medical workers to help prepare their patients, to an HIV/AIDS awareness raising summer camp for orphans in Kostanai, Kazakhstan. In Tajikistan, a project dealt with the very personal issue of interfamilial marriage, and in Turkmenistan, projects included training in breast self-exams for women working in Ashgabat's large factories. Additional details are available in the country sections of this report.

Counterpart recently contracted a consultant to conduct a regional evaluation of the program and a final report was completed in December 2003. Based on this report and the results of discussions which took place during the September 2003 regional meeting amongst representatives of HCGP implementing partners in each country, in early 2004 changes to the program will be discussed by implementing partners on the regional level and the program adapted as appropriate, in order to best meet the goals of USAID and the needs of the community.

*Due to the difficult political situation for NGOs in Turkmenistan, their program was put on hold indefinitely at the end of November.*

### ***Training in Interpersonal Communication Skills***

The importance of interpersonal communications skills (IPCS) training is now widely recognized in the region and demand for it is high. Thus, ZdravPlus' three IPCS master trainers have traveled to all countries in the region to train a small cadre of master trainers in each country and to start roll-out training. TOTs were conducted in Tajikistan and Turkmenistan in the last six months and IPC is now being taught in all five countries of Central Asia.

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## Quality Improvement

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### ***International Conference to Commemorate the 25<sup>th</sup> Anniversary of the Alma Ata Declaration***

On October 23 and 24, a major international conference on primary health care (PHC) was held in Almaty. Entitled *Health for All: Putting People First*, this conference was the first of three conferences called for by WHO to review the status and implementation of PHC in the 25 years since the adoption of the Alma-Ata Declaration in 1978. Co-sponsored by USAID, WHO, UNICEF, the Kazakhstan Ministry of Health and the Institute of Cardiology, the conference drew over 100 participants from 13 NIS countries, including ministers of health, ministers of finance and other top officials. Keynote speeches were given by the Director General of WHO, the Director of WHO/Euro, the Deputy Director of UNICEF, the Director of USAID/CAR, the State Secretary and the Minister of Health of Kazakhstan.

The core of the event was discussion groups on health priorities and resource allocation; PHC; public health and the population; and intersectoral collaboration. The event showcased some of the groundbreaking work being undertaken in Central Asia, including the Kyrgyz health reforms, the emerging movement towards public health, the integration of infectious diseases services into PHC and progress toward empowering the population. Both formal and informal discussions during the two days were animated and demonstrated the progress made since independence in most NIS countries towards understanding and implementing PHC; movement toward new, more efficient health financing systems; recognition of the role played by the population in their own health; and an appreciation for the need to work on health issues outside the health sector.

The event culminated in the adoption of a resolution embodying many key ideas being promoted in Central Asia, including increased funding for health as a percentage of GDP, an increased share of health funding for PHC, attention to the efficiency of the health system, a single payer system with pooling of funds, decentralized health management, family medicine, a public health approach to the management of health programs, evidence-based medicine and decision-making, the importance of controlling infectious diseases, the integration of infectious disease services into PHC, the importance of people playing a larger role in their own health, the rights and responsibilities of the population, access to safe water as fundamental to life and health, and the need to develop indicators to evaluate the effectiveness of PHC.

ZdravPlus worked closely with all the sponsoring organizations, as well as with AED, which handled the organizational arrangements, to organize the conference. AED took the lead in developing the conference program, in identifying and inviting speakers and working with them on their presentations, preparing conference materials, drafting the conference resolution and finalizing it after the conference, and translating documents while also helping with logistics and protocol issues. ZdravPlus staff is currently finalizing a booklet with the conference proceedings which will be distributed throughout the NIS and to key international organizations.

### ***National Health Strategy International Conference***

The International Conference on Health Care Development Strategy, which gathered over 100 participants from all over the country and abroad, has become a visible event on the health political arena over the past six month period. Three working groups (Health Economics, PHC and Health Promotion) discussed broad health policy issues. The Health Economics Group included representatives from the Ministry of Health, Ministry of Finance, Ministry of Economy, the National Bank, and others. Health Insurance was the major topic discussed. The PHC Group, led by the National School of Public Health, discussed: (1) adaptation of PHC to the market economy; (2) development of a legal base; and (3) improvement in the quality and accessibility of PHC. The third group focused on prevention and rehabilitation issues. ZdravPlus specialists participated in all working groups and provided their perspectives.

## ***Council of Rectors/Nursing Council***

As part of its commitment to improving family medicine education and training in Central Asia, ZdravPlus continued to work with the Council of Rectors (COR) and the Nursing Council.

### **Council of Rectors**

ZdravPlus has two major expectations for the COR, including:

- External: to work with Ministries of Health, governments, and other organizations on regional policy issues; and
- Internal: Faculty development of student qualifications, standardized testing, program and institutional accreditation, licensure.

*The COR should also be seen as a body for disseminating Best Practices.*

Based on the success of the Objective Structured Clinical Exam (OSCE) faculty-development conference, which took place in spring 2003 and provided faculty with standardized tools to gauge students' clinical practice, the COR made the decision to hold a similar workshop in October in Dushanbe. The theme of the two-day faculty development conference organized in October in collaboration with AED was "Using Evidence-Based Medicine to Support Curriculum Design: Enhancing Clinical Practice through Clinical Education." Approximately 100 delegates attended the conference, which focused on ways to improve clinical practice by improving educational methods and materials and incorporating evidence-based medicine into the learning process.

A routine Executive Meeting of the COR took place in Almaty in October. The meeting focused on reviewing the recommendations of the Carter Report on undergraduate medical education and setting priorities for CAR COR activities based on these recommendations, regional medical education partnership, database development, and discussion and approval of the calendar work plan.

As part of its continuing support for the CAR COR, ZdravPlus funded representatives to attend the annual Association of Medical Education in Europe (AMEE) conference in Bern, Switzerland. Of particular note was the formation of a group calling itself the Central and East European and Central Asia group, which worked on a proposal to seek funding for a system of best practice Medical Education establishments to act as a support for other medical training faculties in the region.

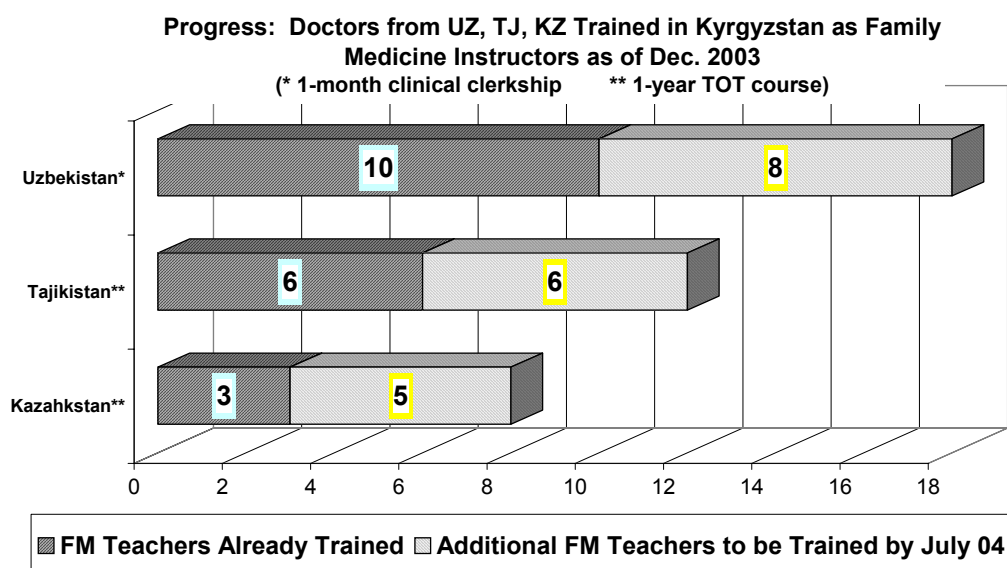
### **Nursing Council**

The Nursing Council met in Tashkent in November to discuss the following issues: drafting a manual on nursing in family medicine, clinical practice guidelines for nurses on selected issues, development of a concept paper for registration and licensing of nurses, the 2004 annual conference on nursing, and related issues. It was decided that the 2004 conference will take place in summer.

## ***Training of Trainers (TOT) in Family Medicine***

The Family Medicine Training Center in Bishkek continued to play a large role in the development of Family Medicine in the region. In the fall, it took in a class of 12 doctors from Kazakhstan and Tajikistan for its 11-month TOT course for family medicine teachers. It also continues to accept Uzbek GP trainers for short one-month courses focused on strengthening their practical skills. It also hosted a one-week study tour from Tajikistan on the management of family medicine.

The Family Nurse Training Program also took in a class of 11 nurses from Kazakhstan, Uzbekistan and Tajikistan for an 11-month course preparing them to teach family nursing.



### ***Regional Training Course on Quality Improvement***

Over the past six months, progress has been made in organizing a regional training course in Quality Improvement—a key activity to institutionalize the training of future health managers and senior decision-makers in quality improvement. The plan is to develop a two-week competency-based training module, to train trainers and then support their first training. Six training institutions wishing to have teachers trained in QI have been identified in Kazakhstan, Kyrgyzstan and Uzbekistan: the Almaty School of Public Health; the management department of the Almaty Medical University; the Kyrgyz State Medical Institute for Postgraduate Training and Continuous Education; the Kyrgyz State Medical Academy; the department of health economics, management and organization of services at the Uzbekistan Postgraduate Institute (TIAME); and the Public Health department of TASHMI II. Jolee Reinke, an international consultant and QI trainer, is scheduled to come to Tashkent for two weeks in January to conduct a needs analysis during a 3-day workshop with the representatives of the six training institutions. By the end of her mission, the outline and content of the course should be defined.

Progress is also being made on the development of a manual on quality improvement, which will serve as a reference for the course, but will also be widely distributed in Central Asia to sensitize decision-makers and managers to the field of quality improvement. A draft of the manual has been prepared and should be finalized before the QI trainers are trained in June/July 2004.

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## **Improving Resource Use**

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### ***National Health Accounts Workshop***

From December 8-13, ZdravPlus co-sponsored a workshop in Almaty, Kazakhstan for mid to senior-level health specialists and economists focusing on National Health Accounts (NHA). Thirty-eight representatives from 11 countries participated in the CIS-regionwide training, including Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Mongolia, Russia, Tajikistan, Ukraine, and Uzbekistan. The workshop provided knowledge and skills to Ministries of Health, Ministries of Finance, and State Statistics Departments on conducting NHA, a standardized framework for measuring total national health expenditures from public, private, and donor sources. One day of the training focused on disease-specific sub-analysis, using HIV/AIDS sub-analysis as the example. Participants actively participated in the workshop, evaluated that the workshop was a success, and hope to take steps to begin implementing NHA in their countries in 2004. The event was co-organized with Abt Associates' Partners for Health Reformplus (PHRplus) Project and co-funded by

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## **Improving Legislative, Regulatory and Policy Environment**

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### ***European Observatory Conference***

The European Observatory workshop, held in the fall at the National School of Public Health in Almaty, addressed the broad issues of PHC development in Central Asia. The workshop provided senior policy makers and representatives from international organizations with a forum to share their views on the following major issues: primary health care in Europe – recent trends, introduction of family medicine in Central Asia, health financing for PHC in Central Asia, parameters of PHC organization in Central Asia, financial flows in PHC using National Health Accounts as a policy tool, and related issues. The conference concluded with a panel discussion on the challenges of introducing primary health care in Central Asia. ZdravPlus was one of the major technical contributors to the discussions.

### ***Applied Research***

ZdravPlus subcontractor Boston University is taking the lead on researching outpatient drug benefits, also known as the additional drug package. Research is being conducted in Kyrgyzstan, with the goal of developing a model that can be applied in other countries of the region. The outpatient drug benefit and corresponding drug reimbursement systems that have been implemented in Kyrgyzstan are truly revolutionary, as they represent the first such system in the CIS countries. The outpatient drug benefit is extremely important both to overall health financing and to health delivery system restructuring and PHC strengthening. Over the past six months, ZdravPlus has been monitoring and undertaking groundbreaking applied research of the impact of the outpatient drug benefit package in Kyrgyzstan. Data is currently being collected and analyzed and initial results, with regionwide applicability, are expected during the first few months of 2004.



**KAZAKHSTAN**  
**Six-Month Report**  
**July – December 2003**

**COUNTRY SUMMARY**

***Kazakhstan Health Reform Environment and ZdravPlus Strategy***

The Kazakhstan health reform environment can be largely characterized by the increasing level of funding and uncertainty on the part of the government. Both factors to a large extent impact health policy development in both the short and long term. Even a superficial interpretation of the national situation over the past six months leads to the conclusion that the change in the national government in June 2003, along with the increased budget allocations to health care, has significantly impacted the situation in the health sector. The proposed introduction of a mandatory health insurance system has been wisely abandoned. The additional resources channeled to the health budget have supported the opinion that the system can do well without mandatory health insurance (MHI) and has given new impetus to a single payer concept within budget financing. Overall, it can be said that the second half of 2003 saw a transition from the policy dialogue phase toward the implementation phase of health reform.

***Level of Health Financing and Implications***

For the first time since independence, Kazakhstan has decided to increase the health budget by approximately doubling the financing of the guaranteed benefits package by 2005 (RK Government Decree #773 of July 13, 2002). Additionally, the Government has announced the increase of the health budget by 40 billion tenge in 2005. Concurrent with the funding increase, a decision was made that the major source of financing would be budgetary rather than health insurance.

**Efficiency**

In general, additional investments in health are good for the sector. However, in the absence of consistent national health reform policy, additional funds, though still insufficient (2004 approved health budget is 102 billion tenge, 1.8 percent of GDP compared to 83.3 billion tenge or 1.9 percent of GDP in 2003), create the illusion of well-being and the temptation of retreating to the old system. This may result in less willingness to reform a health system that still contains substantial weaknesses and cannot provide the population with access to high quality health services delivered efficiently and equitably.

The current situation in Kazakhstan proves to some extent the above statements. The increase of health financing creates more confusion in the minds of policy makers, predominantly within the MOH. Over the past six months, a considerable effort has been made, as well as money invested, in “inventing” unproven and less-than-sound mechanisms – such as using inpatient clinical protocols for costing out the inpatient care budget to provide rationale for the budget increase, primarily for inpatient care as the most costly type of care. Several ideas reminiscent of the former Soviet health care system, like reviving chapter budget financing in rural health care, were also expressed by the MOH.

To achieve efficiency, health financing must be connected to the structure of the health delivery system. Recent developments prove the necessity of strengthening national-level activities to advocate and promote the concept of rational utilization of health resources by using incentive-based provider payment systems on the one hand and further restructuring of the healthcare system including development of family group practices, supporting mixed polyclinics and rationalizing the hospital sector, on the other. Shifting funding to PHC remains a basic condition for restructuring the overall health care system and increasing its efficiency. According to the ZdravPlus data collected from official sources, the percent of funding to PHC increased from 12 percent to 19 percent of the health

care budget (an increase in actual terms of 58 percent) from 2001 to 2003 and was maintained in 2003.

Health budgets program consolidation is another important issue impacting the efficiency of the system. Until recently, all ministries (Ministry of Finance, Ministry of Economy) strived to increase the number of health budget programs largely explained by reporting conveniences and more rigid control. The Ministry of Economy has initiated the consolidation of budget programs to the reasonable minimum (see Resource Use) which in itself is notable. In many ways this is a result of ZdravPlus's inter-sectoral work at the national and regional (oblast) levels. Before making the decision on budget consolidation, the Ministry of Economy consulted oblast health departments who supported the idea.

### Equity

Equity in distribution of health care funds requires cross-subsidization from rich to poor and healthy to sick. Pooling of health funds is one of the crucial conditions for a more equitable health care system. Pooling funds is an increasingly popular concept in Kazakhstan supported by the decision of the State Commission on Inter-Budget Relations to pool health budgets at the oblast level and introduce changes to the Budget Code and the Local Governance Law respectively. The idea has been strongly supported by the Vice Minister for Health Financing (Naimushina) recently. However, over the past few months, the ideas of pooling funds have been roughly shaped by the intention to pool elective inpatient care financing at the republican level. Kazakhstan has already had similar experience under the Health Purchasing Fund arrangements which resulted in disagreements between republican and local levels, delayed payments, and led to the overall deterioration of the system. To avoid such a situation in the future, a considerable effort is required to promote the appropriate level of pooling funds and provider autonomy in using funds.

### Quality of Care

Another important issue that has been taking shape over the past period is the emerging imbalance between visible achievements in the area of health financing (new provider payment systems, single capitated rate for PHC facilities with enrolled population including mixed polyclinics, striving to pool funds and the single payer system) and certain lagging in the changes in the content of medical practice directly impacting quality of care. In the course of the past six months, ZdravPlus has been working hard to change the content of clinical practice through implementing clinical, family medicine and reproductive health trainings, the IMCI program, the Safe Motherhood project, rational drug use activities, EBM promotion, and others. However, all of these activities continue to need to be strengthened, particularly in the context of the current situation in the health sector.

### Legal Base and Health Policy

As levels of health funding increase, the government is realizing the importance of an improved legal and political base for the health care system, to help ensure that money allocated to health care is used appropriately in the context of a consistent short and long term health care development strategy. Over the past six months, ZdravPlus has been actively working with major government agencies – contributing to the development of broad health policy and the legal base. In addition to the MOH, ZdravPlus has worked on these issues with the Ministry of Economy and Budget Planning, Economic Policy Council under the Government Prime Minister's Administration Office for Health, President's Administration's Systemic Research Center, and the Ministry of Finance.

It is important to note that a number of ZdravPlus's longstanding counterparts have been promoted to top government positions recently. Dr. Tokezhonov, the former Director of the East Kazakhstan Oblast Medical Information Center, has been moved to one of the top positions in the MOH, heading the Department for Innovation Technologies and International Relations. Valikhan Akhmetov, former Director of Almaty Densaulyk, has been moved to the President's Administration and works on health care issues. Dr. Musinov has returned to the MOH to head the Department for Pharmaceutical Control.

## **Strategy**

Kazakhstan's strategy can be described in two modes: national and oblast level dynamics, and the dynamics of policy dialogue and implementation.

### **National and Oblast Levels' Dynamics and Strategies**

Over the past six months, ZdravPlus has continued implementing its strategy consisting of (i) developing health financing policy and strengthening the respective legal base at the national level; (ii) implementing oblast level activities to generate further evidence of the reform success to feed the national level; and (iii) building a broad oblast level foundation for health reform.

The overall national and oblast-level dynamics over the past six months can be characterized by a greater focus at the national level to further shape the overall health policy and generate specific national products to be further fed down to pilots and beyond for implementation. Thus, national level efforts to shelve the inappropriate mandatory health insurance model and design and promote the outpatient benefits package are the most vivid results of the national strategy over the past six months. Intensive technical work at the national level goes hand in hand with building coalitions and winning supporters for health reforms among national agencies. Over the past six months, ZdravPlus has made a significant effort in building such coalitions with agencies quoted in Chapter 1.

Work at the oblast level has progressed along three strategic avenues: 1) Deepening and further development of the Core Pilot Sites; 2) Work in all oblasts, including training and technical assistance to implement the new national health financing framework; and 3) Work in selected oblasts to support HISs and other initiatives related to the reform.

*Core pilot sites* have continued to perform the role of primary participants in the reforms and recipients of the reform process results. Zhezkazgan, Karaganda, Semipalatinsk, and East Kazakhstan, with extensive technical assistance from ZdravPlus, have continued to implement activities encompassing all elements of the reform: provider payment systems supported by Health Information Systems (HIS) continued to operate in all sites while East Kazakhstan Oblast (EKO) has finally made a decisive move towards actual implementation of the diagnosis related groups (DRG) hospital payment system to be started in 2004. HIS continued to be developed and extensively used in all sites. The HIS made it possible to successfully continue the PHC monitoring systems in Karaganda City and Semipalatinsk and the ground has been prepared to roll out monitoring in Temirtau (Karaganda Oblast) and Ust-Kamenogorsk as next steps. The HISs have supported implementation of the Safe Motherhood and Quality Improvement projects in Zhezkazgan. Facility fill-in activities have largely focused on the core pilot sites. These are largely Quality Component (IMCI, Safe Motherhood, DIC, etc.) and Population Involvement (health promotion) activities and products.

*Selected oblasts.* In selected oblasts, ZdravPlus activities centered on HIS development and somewhat on improving clinical practice and population involvement. HIS work in selected oblasts on demand is part of a step-by-step implementation strategy for the new national health financing policy. Each oblast needs improved HISs to implement the new provider payment systems and more oblasts come to realize it. In the course of the past six months, ZdravPlus has continued to implement the Almaty HIS development project. By the end of 2003, the creation of the population database in selected pilot sites within Almaty has been completed and all respective hard and software has been handed over to the City Health Department (CHD). The Almaty CHD is planning to expand the system across the entire city in 2004 and is requesting more technical assistance from ZdravPlus. West Kazakhstan Oblast (WKO) has approached ZdravPlus with an official request to provide technical assistance in developing the HIS connected to provider payment. ZdravPlus has made preliminary arrangements and implementation will start in 2004. Fill-in activities pertaining to clinical practice improvement and population involvement continued to be implemented in Almaty Oblast: the IMCI program, health promotion and the small grants program.

*All oblasts.* In general, work across all oblasts is carried out intermittently and largely depends on the dynamics of national developments. After the May 2003 National Health Finance workshop

conducted by ZdravPlus for all oblast representatives, the focus has shifted to generating the next nationally approved product(s) to be disseminated across all oblasts as the next step. The outpatient drugs benefits package, designed over the last six months, is an example of such a nationally approved product and will be presented to all oblasts early in 2004. ZdravPlus is planning a respective national workshop.

#### **Building the Oblast Level Foundation for Health Reform**

ZdravPlus has continued to build the oblast level foundation for health reform primarily through a grant to KAFP. Over the past six months, KAFP has progressed in its organizational and programmatic development. With the first tranche of money disbursed, KAFP has staffed its headquarters in Almaty and has implemented a number of visible programmatic activities, including an EBM training course, clinical training in selective topics for family doctors, and activities for the International World Chronic Obstructive Lung Disease (COLD) event. KAFP has been selected as an implementing partner for the ExxonMobil and USAID project on Child Health (IMCI) in Astana for 2004. The BWAK hotline continued to develop with a new grant won from Chevron-Texaco; 11 grantees from the first round and seven grantees from the second round of the Healthy Communities Grant Program continued to receive technical support.

#### **Policy Dialogue and Implementation Dynamics**

Policy dialogue and implementation are the two dimensions against which strategy can be checked and adjusted. In the course of the reporting period, the national policy dialogue centered on health insurance, provider payment under the budget system and outpatient drugs. As a result, the MHI issue has been closed by decision of the Economic Council Policy of November 21, 2003 moving the policy dialogue to single payer, pooling funds and national health information systems. Provider payment systems (particularly a single capitated rate for family practices and mixed polyclinics) and outpatient drugs (for children under one year of age) have moved to the implementation stage nationally. The national health information system is in transition from the policy dialogue to implementation stage. It is expected that conceptually and technically it will rest to a large extent on the HIS models implemented in Karaganda and Zhezkazgan pilots.

In regards to specific initiatives, a similar dynamic can be traced. Thus, the implementation of the Almaty HIS project has been completed, opening space for further policy dialogue with the City Health Department. The policy dialogue on Uralsk's HIS development has moved the project to its early implementation stage. Karaganda Safe Motherhood and Quality Improvement projects and PHC monitoring and evaluation activities in East Kazakhstan and Temirtau have approached the implementation stage as well.

In summary, over the next six months, ZdravPlus will have to focus the national policy dialogue on budget funds allocation in general, single payer, pooling funds, and health information systems. In terms of implementation, the major effort will be directed toward implementing merged Decree #806 (provider payment, capitated rate from mixed polyclinics); outpatient drugs for children under one year nationwide; and other specific initiatives, as mentioned above.

#### ***Pilot Sites***

Pilot sites have remained the models and agents of health reform, with experience gained in one pilot site shared with other pilots, and used for national-level rollouts where appropriate. The pilot reform teams supported the national level work in core technical areas: provider payment, outpatient drugs and health information systems development. Though increasingly independent at the current stage of their development, the pilot sites have continued to be intensively supported by ZdravPlus to deepen their reform activities – particularly in the area of clinical practice development as one of the major elements of quality of care.

#### **Zhezkazgan City**

Zhezkazgan has been steadily progressing, supported by the City Akim and City Health Department. Over the past six months, an impressive comprehensive program encompassing population

involvement, quality development, HIS, and health policy has been implemented. Population involvement activities included Family Planning and Keeping Children Healthy campaigns. Zhezkazgan has successfully implemented its annual re-enrollment campaign. In the area of Quality, the Continuous Quality Improvement project, initiated at the facility level, has moved to a new conceptual and qualitative stage encompassing all levels of the health system. The Safe Motherhood project's first year of implementation has been completed and the results indicate a decrease in the number of hospitalizations and the average length of stay in the hospital for monitored diseases. In general, the severity of inpatient cases has decreased. The Zhezkazgan Association of Family Group Practices has been closely working with local governance and health authorities and has moved their candidates to the Maslikhat (local parliament), advocating for PHC development.

#### **Karaganda Oblast**

Karaganda remains a flagship of health reform in the country – continuously generating new experiences disseminated to the national level. The HIS, with extensive clinical and population databases and updated information technologies, supports a broad range of activities in the health system: provider payment, PHC monitoring and evaluation project, and quality improvement activities. Over the past six months, Karaganda has moved ahead particularly in the area of clinical practice and quality improvement. Thus, the IMCI program has continued to be implemented and Family Planning training courses have been conducted in partnership with the Medical Academy with impressive results in the level of knowledge of the participants. The Red Apple Hotline branch has continued operating. The Safe Motherhood project has been started after the preparatory work: in November and the first cycle of training for physicians has been conducted. Improvement of pediatric care is another area of activities focused in the Maikuduk district within Karaganda City. The Drug Information Center has continued its information dissemination and educational activities aimed at health professionals and the population. The chart audit of drug prescriptions conducted recently indicates a significant decrease in antibiotics prescription. The success can be attributed to a large extent to the educational activities of the DIC. In 2004, when the outpatient drug benefits program will be implemented nationally, Karaganda will serve as a control site to show the benefits of the HIS supporting the drug program. The Karaganda team of health reformers headed by Dr. Yermekbaev, remains the major regional (oblast) resource for the national level.

#### **Semipalatinsk and East Kazakhstan Oblast**

Semipalatinsk and East Kazakhstan Oblast have been moving ahead in implementing health reform, despite the occasional threats from the national Ministry of Health to “close” family practices. Semipalatinsk has celebrated the 10<sup>th</sup> Anniversary of establishing family practices in the region. The celebration attracted much attention and was supported by local governance and the broad public. East Kazakhstan Oblast (EKO) has moved to practical implementation of the DRG-based (diagnosis related groups) payment system in the oblast to be started in 2004. The EKO HIS has everything in place (clinical and population databases, updated DRG software) to support the payment system. Semipalatinsk has progressed in implementing the PHC monitoring and evaluation system – ready to be rolled out to Ust-Kamenogorsk in 2004. Ust-Kamenogorsk (capital of EKO) and Semipalatinsk have been active participants of KCH campaigns and trainings provided by ZdravPlus.

#### **Almaty City**

In Almaty, the HIS project has been successfully completed with the population database created and the respective soft/hardware handed over to the City Health Department. The completion of the first stage of the project opens a new cycle of policy discussions with the CHD. ZdravPlus has received a letter from the Head of the CHD requesting further technical assistance in developing the HIS in the city. ZdravPlus is considering this possibility.

#### **Almaty Oblast**

In Almaty Oblast, ZdravPlus has continued working in two major areas: health promotion and IMCI training. ZdravPlus has been contributing to the traditional summer health promotion event titled, “Road to Health National Tour” across Almaty Oblast, supported by the Almaty OHD. The IMCI program continued in Panfilov rayon in the form of follow-up visits.

### West Kazakhstan

West Kazakhstan has officially requested ZdravPlus's technical assistance in implementing HIS. ZdravPlus has considered the possibilities and resources and after preliminary policy discussions with the oblast health department, has started preparations toward project implementation. It has been agreed that conceptually HIS will be developed to support provider payment systems. Medinform, ZdravPlus's long standing partner and Densaulyk's collaborator, will be the key technical implementer of the project guided and supervised by ZdravPlus.

### Astana

Astana has been selected as a site for implementing a Partnership for Child Health Project, jointly funded by ExxonMobil and USAID and to be implemented by ZdravPlus and KAFP. ZdravPlus considers it a challenging project, opening new opportunities for and laying in-roads to reform activities in the political capital of the country.

## **SUMMARY OF IR ACTIVITIES**

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### **Population Involvement**

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One of the goals of health reform is to change the social contract in the health care system to empower the population to take up a more active role in their decision making regarding their individual health behavior as well as the choice of a health provider impacting the efficiency of the health care system at large. The central components of population involvement are population enrollment, health promotion and strengthening the health sector NGOs. While open enrollment has become an integral part of the health care system operation in ZdravPlus pilot sites, and the generated experience is summarized for future enrollment campaigns in the country and beyond as opportunities present themselves, health promotion activities and NGO development have come to the front.

Over the past six months, health promotion activities, implemented largely through family group practices serving as resource centers, have deepened in terms of content and broadened geographically. Healthy Communities grants program continued to be implemented, linking health facilities and communities. The Kazakhstan Association of Family Practitioners, with its 12 branches, has made significant progress in establishing itself as a national association through an institutional development grant. Zhezkazgan and Semipalatinsk Family Group Practice associations continued to advocate for primary care and family practice demonstrating what can be done either in a largely positive or negative policy environment. An intensive interpersonal communication skills training program for PHC physicians has contributed to the development of new qualitative relationships between patients and physicians.

### ***Health Promotion***

#### Family Planning Campaign

The goal of the Family Planning campaign in Zhezkazgan titled, "Let's Build Healthy Families" was to educate the population in major family planning issues. Within the two month campaign, a health promotion festival consisting of approximately 1,000 people was conducted. There was a series of short dramas with family planning messages and medical comments provided by physicians; a concert program promoting healthy families; counseling for young couples on family planning, accompanied by the distribution of brochures; sports contests among families and other activities. The event was a collaborative effort of the regional branch of Healthy Lifestyles, Association of Family Group Practices (FGPA), the local drama theater, the Oblast Health Department, the City Administration (Department of Culture and Sports), several pharmaceutical companies and pharmacies, family planning departments from the SVAs, and ZdravPlus. There was also a roundtable discussion to help the public understand that family planning aims to help people to have the desired number of healthy children. Participants in the discussion were drawn from the regional branch of Healthy Lifestyles,

the Maternity House, FGPA, Karaganda Medical Academy Ob-Gyn Faculty, the Imam of the Mosque in Zhezkazgan, and local mass media (newspapers and television).

### KCH Campaign

A two-month KCH campaign in Karaganda Oblast and East Kazakhstan has been one of the major public awareness events in the summer of 2003. The overall strategy of the KCH campaign consists of building on previous KCH campaigns, reiterating the earlier messages based on the KAP results, and adding pieces of new information. This summer, for instance, the KCH Diarrhea campaign included additional information on breastfeeding. The Kazakhstan marketing team has used ZdravPlus' Uzbek materials, adapting them to local conditions as necessary. Local counterparts, official health bodies, and family practices in Zhezkazgan and Semipalatinsk took part in the campaign. Public events implemented by FGPs in a joint effort with their communities became the focal points of the campaign. In Zhezkazgan, nine FGPs created nine teams including representatives of their communities, gathering 900 active supporters for the public awareness event. In Semipalatinsk, 20 FGPs formed 20 teams with five community members in each. The public events proved to be a useful tool for testing the level and accuracy of the population's knowledge of the campaign's key messages. In the course of the campaign, ZdravPlus' new information brochures on diarrhea and breastfeeding were disseminated and two new video films were broadcast on local TV channels (both in Russian and Kazakh languages).

A 10-minute training video was created out of the campaign and a manual on how to run a KCH campaign is being completed. Both will be used in training for future campaign coordinators from around the country to take place in January 2004.

### Antibiotics Campaign

Over the past few months, progress has been made in preparing for the Antibiotics Campaign aimed at educating health professionals and the population in the appropriate use of antibiotics. The Karaganda Drug Information Center (DIC) has actively joined the process as the major resource. Most of the respective activities will be implemented by the DIC within their grant program. A considerable effort has been put into the development of a new health promotion brochure on antibiotics to be used in the future campaign scheduled for February 2004. The brochure has been finalized and submitted for printing.

### Hypertension Information Dissemination

ZdravPlus discussed hypertension information dissemination with Karaganda DIC specialists. The Karaganda DIC has developed evidence-based clinical practice guidelines on hypertension. They are ready to move ahead with information dissemination via patient clubs. In this context, ZdravPlus and the DIC discussed potential collaboration in this specific area. Additionally, ZdravPlus is collaborating with the National Center for Healthy Lifestyles in coordinating public awareness activities on hypertension.

### KAP

KAP surveys are an important tool to identify and adjust health promotion activities within the project to meet the population's education needs best. ZdravPlus started working over the new KAP survey in August. Over the past few months, a KAP questionnaire has been updated and finalized. A number of questions have been removed as irrelevant or beyond the ZP agenda (TB questions have been excluded), while others added questions on tobacco use, for example. After preliminary market research, a contract with the survey company "BRIF" has been signed to implement the KAP survey by the end of 2003.

## ***Strengthening the Health Sector NGO***

### Healthy Communities Grant Program

During the past six months, seven grants were awarded through Round II of the grant program, so that a total of 19 granted projects from rounds I and II were underway during the second half of 2003. Projects included such topics as: AIDS education for teenagers living in orphanages; building

facilities for physical therapy for children with cerebral palsy; and breast cancer education. ZdravPlus worked with Counterpart Consortium to manage this joint program, including proposal review and project oversight. ZdravPlus provided technical assistance to grantees including provision of one-on-one advice/consulting by ZdravPlus experts; provision of written materials, such as public health brochures produced by ZdravPlus, the Center for Healthy Lifestyles and NGO Partners; and training. Feedback on the technical assistance received has been overwhelmingly positive.

#### KAFP

The second half of 2003 saw the start of KAFP's work under the ZdravPlus/USAID grant (first tranche of grant money was issued at the end of June) and the start of activities included in the grant work plan. During this period, KAFP greatly expanded its capacity to further the goals of family medicine, took on increasing numbers of activities which were previously conducted under ZdravPlus, as well as taking initiative to carry out other projects. KAFP's major areas of work during this period are as follows:

##### Organizational Infrastructure:

- Opening offices for branches in Almaty City, Astana, Kokshetau, Pavlodar, Karaganda, Western Kazakhstan (Uralsk);
- Hiring paid staff for the headquarters office based in Almaty as well as for Almaty, Astana, Kokshetau, Pavlodar, and Karaganda branches; and
- Conducting a regional directors/managers meeting for staff from all twelve KAFP branches.
- The Peace Corps Volunteer who was based at KAFP left the assignment in November and returned to the US.

##### Program Implementation:

- Conducting “Keeping Children Healthy” health promotion campaigns in Ust-Kamenogorsk and Karaganda.
- KAFP implemented IPC trainings for doctors in Karaganda, Zhezkazgan, and Semipalatinsk, in cooperation with the National Center for Healthy Lifestyles. KAFP conducted a similar training in Ust-Kamenogorsk in cooperation with ZdravPlus.
- Clinical training on selected clinical topics was conducted for members.
- Branches continued to support the rights of their members and to advocate for family medicine.
- With a grant from WONCA (World Organization of Family Practitioners), KAFP marked International World Chronic Obstructive Lung Disease (COLD) Day in Kazakhstan with a health promotion campaign conducted by all of its branches as well as the main office. Activities including press conferences, a hotline for patients, contests for school children on the topic, education for doctors, and publication of a Russian translation/adaptation of a WONCA guide for doctors and nurses on COLD and a similar guide for patients on the topic. KAFP received international recognition from WONCA for their work in this area. Through this grant, KAFP gained experience in fundraising, working with other donors, and health promotion. Additional benefits included a computer that KAFP will be able to continue to use for its work on USAID/ZdravPlus-funded activities, as well as increased public awareness of KAFP itself, with family doctors in several areas expressing an interest in joining the Association after hearing of KAFP through World COLD Day activities.
- KAFP, along with ZdravPlus, has been chosen as a major implementing partner for the Partnership for Child Health Project in Astana – jointly funded by ExxonMobil and USAID



through a Private-Public Initiative. This is a challenging project for KAFP with considerable potential in developing the capacity and sustainability of the national association.

### ***BWAK: Red Apple Hotline***

In fall, ZdravPlus conducted an informal mid-term evaluation of the Red Apple Hotline, including a meeting with the telephone operators and management of the Business Women's Association of Kazakhstan (BWAK), which operates the hotline. The hotline operators expressed satisfaction with the working conditions and BWAK's management style—in sharp contrast to last year. However, they requested that ZdravPlus provide them with additional training on interpersonal communication skills. The major issue ZdravPlus discussed with BWAK management was that the grant will be ending in late spring of 2004. A number of possible funding sources were discussed and ZdravPlus expressed willingness to help BWAK identify other donors.

Hotline services currently cover seven cities in Kazakhstan: Almaty, Astana, Aktobe, Karaganda, Semipalatinsk, Shymkent and Uralsk. Recently, the head of BWAK negotiated with Tengiz-Chevron Oil Company to set up a new hotline branch in Atyrau City, West Kazakhstan, starting in January 2004.

Analysis of calls to the hotline in the seven cities listed above in the first 11 months of the year shows that the number of calls increased by 34 percent, as compared to the same time period a year ago. Twenty-four percent of all calls were to the Almaty hotline. Most callers were women (86 percent) and the majority of female callers asked about oral contraceptives. Fourteen percent of calls were from men and they, by contrast, were largely interested in information related to STIs and HIV/AIDS.

### **Zhezkazgan FGPA**

Zhezkazgan FGPA has continued developing – gaining more popularity with family group practices, city authorities and the population at large.

- The Zhezkazgan FGP Association is taking a more active role in local political life by promoting their candidates Victor Tilman, Dillakhan Baimenova and Bolat Almenbetov to the local parliament (maslikhat). The candidates have successfully passed the elections and have become members of the city parliament. It is hoped that their participation will win more support for family group practices.
- Zhezkazgan's STI and AIDS Educational Program for Schools: Ob-gyns in collaboration with family practitioners supported by school authorities have created a training program and handouts on STI and AIDS prevention for schoolchildren. Eight training seminars started in November.

### **Semipalatinsk FGPA**

Semipalatinsk FGPA has continued advocating for family group practices aimed at retaining their organizational, financial and legal independence. In early November, a National Conference devoted to the 5<sup>th</sup> Anniversary of establishing family group practices in the region was held. The conference was initiated by family practitioners, supported by the FGPA and the City Health Department. The Resolution adopted by the Conference supports the development of PHC and family practice, increased funding for primary care, and stresses the role of health personnel and nurses in particular. The Resolution has been sent to the city and oblast health departments as well as to the MOH. A representative of the MOH (Dzhanabaev) attending the conference announced the Order of the MOH, confirming that family practices in Semipalatinsk will not be closed – an extremely important victory for the FGPA in its long struggle with the MOH and local authorities.

### ***Enrollment***

From November 3 through 13, Zhezkazgan and Satpaev implemented their annual re-enrollment campaigns. Over the past few years, enrollment has become a core component of the health care

system. The enrollment process is well-established and is supported by the City Health Department through respective orders. It is preceded by a broad information campaign during which the population gets more information on the existing PHC providers (SVAs), enrollment rules, and population's rights and responsibilities. Mass media provides wide support for the campaign. The entire campaign has been supervised and coordinated by the FGPA of Zhezkazgan and Satpaev.

### ***IPC Training***

Interpersonal communication skills trainings moved along two parallel directions: training of trainers and training of health professionals. In summary:

- In November, ZdravPlus, jointly with a KAFP IPCS master trainer, conducted two 2-day roll out IPCS trainings in Ust-Kamenogorsk. Thirty-six SVA physicians were trained during these two seminars showing good results on the final test. In their seminars' evaluation forms, the participants stressed the importance of such trainings. Three IPCS seminars were organized in the city and an additional two will be conducted next year.
- Additionally, IPC Trainer Irina Yuzkayeva traveled to Kyrgyzstan, Uzbekistan, Turkmenistan and Tajikistan to conduct IPC trainings and TOTs.

### ***Partnership with Other Organizations***

ZdravPlus has continued collaborating with international and national organizations in the area of health promotion and NGO development. Over the past six months, ZdravPlus has been primarily involved in joint health promotion activities with the National Center for Healthy Lifestyles and with the Open Society Institute (Soros).

#### **National Center for Healthy Lifestyles**

- At the invitation of the National Center for Healthy Lifestyles, ZdravPlus took part in a conference on healthy lifestyles in Borovoe (Akmolinskaya Oblast). ZdravPlus presented a report on the role of public relations in health promotion.
- In July, ZdravPlus partially sponsored the third annual health promotion tour across Almaty Oblast and provided information dissemination materials distributed in the course of the tour.
- In September, the National Healthy Lifestyles Center organized a nationwide Festival of Health. Millions of people across the country took part in the event – exercising for their health. ZdravPlus supported its long-standing partner with health promotion dissemination materials and some funding.

#### **Open Society Institute (OSI) / Soros**

In late summer, ZdravPlus was contacted by Soros Foundation/OSI New York with a request for possible technical assistance to an OSI grantee and local NGO “Alma” based in Almaty, which is focused on promoting the realistic interpretation, expansion and implementation of current Republic of Kazakhstan (RK) anti-smoking/tobacco legislation and policy. Based on discussions with Soros NY, it was decided that ZdravPlus would provide assistance by forming and serving on an advisory board to the grantee. ZdravPlus, as part of the Advisory Board, will be available to the NGO to help define strategies and approaches to local challenges. Later in the year, ZdravPlus participated in the OSI/Soros events focused on the Anti-Tobacco Grant Proposal awarded to the Public Health Institute (NGO) under the National Center for Healthy Lifestyles. The following activities took place:

- Discussion of the draft grant proposal;
- Roundtable on anti-tobacco policy conducted under the City Akim Administration; and
- A two-day training course for journalists focusing on smoking, alcohol abuse and HIV/AIDS issues.

While discussing the draft grant proposal, a strategic decision was made to refocus grant activities from amending the existing law on tobacco to creating broad public awareness of the issue and building active support of the existing articles: prohibiting smoking in public places, restricting advertising, etc. The broad public awareness campaign would be largely supported by non-governmental means, including youth organizations and volunteers. ZdravPlus will continue performing an advisory role in the process.

### ***USAID Evaluation of ZdravPlus Population Involvement Component***

Sangita Patel, a USAID representative, visited Kazakhstan from June 5-14. During her visit, she had meetings with the ZdravPlus Marketing and Grants teams and KAFP. The ZdravPlus Marketing team made presentations on respective activities in Kazakhstan while KAFP organized site visits to traditional pediatric and mixed polyclinics in Almaty to see the differences between the two types of health facilities. A trip to a small village in Almaty Oblast to participate in a local community focus group was organized. The focus group—made up of mothers—discussed ZdravPlus information materials. Also, a family group practice outside Almaty was visited where Sangita Patel had a chance to talk with physicians, nurses and patients. Finally, a meeting with Dr. Akanov (Director General of the National Healthy Lifestyles Center, ZdravPlus's long-standing counterpart) was organized. Sangita Patel was impressed by the range and level of population involvement activities implemented by ZdravPlus.

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## **Quality Improvement**

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Improving the quality of care for the population remains the ultimate objective of this component. ZdravPlus is using a three-pronged strategy to achieve this. First, it is providing clinical training on family medicine, Integrated Management of Child Illnesses (IMCI), reproductive health, rational drug use and other topics, to update the knowledge and skills of providers and be able to show rapid improvements in service delivery. Second, it seeks to put into place the foundations for quality care on a broader scale, primarily through the development of evidence-based clinical practice guidelines and rational pharmaceutical policies. Third, it focuses on interventions in the field of quality improvement, which can help identify and address obstacles inherent in the rigidly regulated Soviet system that prevent implementation of modern clinical approaches.

### **Family Medicine**

Over the past six months, family medicine training activities have continued through the National Post Graduate Institute (PGI), Bishkek's 11-month TOT Family Medicine course, and the Family Medicine Residency Course supported by DFID and ZdravPlus.

- *Almaty PGI-based training.* ZdravPlus continued supporting the training of trainers from the Karaganda Family Medicine Chair. Thus, Tleuzhan Abugalieva (Karaganda Medical Academy) has been working with the Almaty PGI trainers, learning how the Family Medicine Faculty works, studying family medicine residency curriculum training materials, and helping with teaching materials and the translation of documents into Kazakh.
- *2003-2004 Family Medicine TOT in Bishkek for Kazakhstan.* After receiving additional slots for an 11-month TOT course in Bishkek, one more trainee has been selected. On September 5, six doctors in total (three from Almaty PGI, two from Semipalatinsk, and one from Karaganda Family Medicine Faculties) and four nurses have been sent to Bishkek for Family Medicine TOT. All trainees have strong leadership potential and almost all will return to their teaching institutions in pairs so that they can promote improved programs upon their return.
- *2002-2004 Family Medicine Residency Students in Kazakhstan.* As a joint ZdravPlus and DFID/British Council activity, a two-year FM Residency Course in the Almaty PGI and four Medical Schools (started in December 2002) continued. The Almaty PGI has six students: two students from Zhezkazgan are paid by the MOH and four students (two from Pavlodar, one from the

Karaganda Medical School, and one from Almaty) are paid by KAFP (tuition, stipend, and accommodations).

### Medical Audit

In late June, work began on a medical audit (chart review) in SVAs of Zhezkazgan and Satpaev cities. This is a follow-up to the first audit conducted in July 2000 to assess how the quality of care has changed since then.

### Family Medicine Training Center

ZdravPlus held meetings with John Doyle (University of Wisconsin), John Bengel and Sara Bengel on the possible lines of collaboration within the current and possibly next ZdravPlus project. The discussion centered on ZdravPlus's conceptual approaches to medical education in general and feasible opportunities for collaboration in particular. A tentative agreement was made to ponder the opportunities of developing the Family Medicine Training Center in Almaty – possibly through a linkage with the Post Graduate Institute.

### Evidence Based Medicine (EBM) Promotion

EBM has continued to be promoted largely through the effort of ZdravPlus-trained EBM methodologists and the Karaganda DIC (see the DIC section of the report). The methodologists are working with trainers from the Almaty Medical University, PGI, four Almaty PGI Family Medicine Residency students, researchers from the Institute of Epidemiology, Hygiene and Microbiology, Kazakhstan Dentists Association, and physicians from polyclinics and hospitals to help prepare for lectures and find EBM clinical information.

### IMCI

Implementation of IMCI is bringing together different components of ZdravPlus to build more effective child health services. For some time already, clinical training has gone hand in hand with health promotion activities. Now the addition of quality improvement activities is addressing systemic obstacles to effective delivery of quality services.

During the six-month period from July to December, ZdravPlus continued to support IMCI training in Karaganda and East Kazakhstan Oblasts. Ninety-six PHC workers were trained, most of them from rural areas, but also including 40 family physicians from Zhezkazgan City. ZdravPlus also supported IMCI follow-up visits to 215 doctors in their work places. These visits were conducted in collaboration with the National IMCI Center and revealed some important findings that need to be built upon. They showed that more than 90 percent of PHC workers were able to use the IMCI algorithms successfully, but that 60 percent of trained doctors are reluctant to use IMCI because current requirements for pediatric examinations and record keeping differ from IMCI. Doctors said that changes are needed in the health system at the oblast level to allow for the proper implementation of IMCI.

The results of the chart reviews undertaken in Karaganda Oblast earlier this year, and analyzed in recent months, shed some light on the impact of IMCI training. The data compare diagnosis and treatment practices in 2000 for children under age five with an ARI to practices in 2001/2002. They indicate significant improvements in practices:

- The percentage of children who had their respiratory rate checked increased from 81.1 to 94.2 percent;
- The percentage who had their temperature checked rose from 81.1 to 96.3;
- The percentage of children prescribed an antibiotic dropped from 42.1 to 25.6 percent;
- The average number of drugs prescribed fell from 3.3 to 2.7; and
- The percentage of children prescribed three or more drugs dropped from 84.4 percent to 57.0 percent.

While these results are encouraging, Quality Improvement activities in Maikuduk District in Karaganda City show that there are still major systems obstacles that stand in the way of full implementation of IMCI (see Quality Improvement Projects below). In coming months, there will be a major focus on identifying the root causes of these problems and addressing them.

While ZdravPlus' work remains focused on improving IMCI practices among FGP doctors, it is also an active participant with partner organizations in developing the next generation of IMCI programs. Project staff members have been working with WHO, UNICEF, the IMCI Center and Centers for Healthy Lifestyles to review and refine the draft training module on IMCI for nurses. The proposed module assumes a team approach between doctors and nurses working in PHC settings. While the doctor is responsible for implementing the IMCI algorithms, the nurse delivers IMCI messages to parents and caretakers of both healthy and sick children at home. The module is also built around the key messages included in IEC materials supporting IMCI. The module is currently being finalized and WHO is planning a TOT for pilot sites in the first quarter of 2004. ZdravPlus plans to prepare a cadre of trainers for the new IMCI program for nurses and then train FGP nurses.

ZdravPlus also participated in a WHO meeting in Almaty in December on the First Referral Level IMCI module. The meeting brought together IMCI experts from WHO headquarters in Geneva and WHO/Euro in Copenhagen, from Moldova, Uzbekistan, Russia and Kazakhstan. At the meeting, Kazakhstan presented its draft of the Referral Level IMCI module, which includes changes on TB, HIV/AIDS, measles, typhoid, drug names and dosages and other topics. This draft was developed based on the results of an assessment of referral care for children in Almaty Oblast conducted by WHO-appointed experts. The module has already been tested in Almaty Oblast. The draft includes appendices summarizing issues that need to be addressed by hospital management in order to improve the quality of care, e.g. drug supply and treatment, case management, baby friendly principles, transportation, monitoring of health status, discharge from the hospital, and others. WHO headquarters is reviewing the work undertaken in Kazakhstan.

There has been good progress towards institutionalization of IMCI in medical training institutions. The pre-service IMCI module was approved by the MOH and the Agency for Educational Methodologies in the Ministry of Education (MOE), giving it all the approvals required for use in medical institutes. The MOH and MOE approved 36 hours of training time in the undergraduate curriculum and work is in progress to develop tests for students. However, progress has slowed down recently because of broader medical education reform which is merging medical colleges and medical institutes.

### **Reproductive Health**

The main emphasis over the past six months has been on Safe Motherhood/PEPC – both looking at the results of the pilot project conducted jointly with WHO in Zhezkazgan and Satpaev and extending the new practices to Karaganda City. This program represents ZdravPlus' first experience of upgrading clinical skills across levels of the health system and is bringing together three ZdravPlus components. While the quality component focused on upgrading providers' skills, the population component contributed IEC materials for the population and the resource-use component has been looking at the implications of implementing evidence-based clinical practices for hospital payment systems.

Initial data on the results of the pilot project show significant progress towards a demedicalized approach to prenatal care and delivery. The data below compare the year before the pilot project (2001/2002) with the first year of implementation (2002/2003):

- The number of prenatal hospitalizations for 11 selected conditions, such as gestational edema, anemia and threatened abortion, decreased by 12.7 percent in Zhezkazgan and 26.3 percent in Satpaev; and the average length of stay for prenatal hospitalizations declined;

- Use of routine ultrasound fell. In 2002, 65 percent of new mothers had had two or more ultrasound examinations and in 2003 this fell to 46 percent in Zhezkazgan and 34 percent in Satpaev;
- The average length of hospital stay for delivery was cut from 4.1 to 3.7 days in Zhezkazgan;
- The partogram, which was introduced through the ZdravPlus program, was used for charting labor progress including vital signs of mother and baby in more than three-quarters of deliveries in Zhezkazgan;
- Ninety-eight percent of new mothers in Zhezkazgan and 45 percent in Satpaev said that they themselves chose their delivery position;
- The level of satisfaction of new mothers with the care they received increased. In 2002, 40 percent of women across both sites said they were “completely satisfied” with their care and 40 percent were “satisfied.” In 2003, this rose to 98 percent “completely satisfied” in Zhezkazgan, with another two percent “satisfied.” In Satpaev, only 33 percent were “completely satisfied” in 2003, but another 58 percent were “satisfied.”

Encouraging results such as these gave grounds to ZdravPlus to go ahead with extending the new program to Karaganda City. Preparatory work was undertaken to be sure that implementation would not be constrained by inspections and punishments. Then, in November, 20 ob-gyns and midwives from the oblast and city maternity hospitals were trained on management of pregnancy and delivery. The training was led by two WHO consultants: Dr. Gelmius Siupsinskas, an obstetrician-gynecologist from Lithuania, and a Russian midwife. They worked hand-in-hand with co-trainers from the Zhezkazgan hospital, allowing the Zhezkazgan care providers to share their experiences and gain practice as trainers. Manuals and other training materials were generously contributed by WHO. As elsewhere, the providers were initially shocked by the new approaches, but gradually came to appreciate them and went home eager to put them into practice. The outpatient training for FGP doctors and midwives is scheduled for February.

Family planning activities mostly centered on supporting quality improvement work in Zhezkazgan (see Quality Improvement Projects below) and Karaganda. In the last six months, ZdravPlus supported four five-day courses in Karaganda, with a strong emphasis on counseling, for 80 health workers from FGPs. The courses were conducted by the new trainers from Karaganda Medical Academy, working hand-in-hand with more experienced JHPIEGO-qualified trainers. Pre- and post-test scores show improved knowledge among the participants—with the average score rising from 72.3 percent to an impressive 96 percent.

ZdravPlus also collaborated with the Academy for Educational Development (AED) to provide family planning training for rural midwives through the Community Action Investment Program in Shimkent. Trainees reported that the workshop completely changed their attitudes toward contraception and average test scores rose from just 66 percent to 96.5 percent.

### ***Partnership with ExxonMobil (Global Development Alliance)***

Throughout this reporting period, ZdravPlus worked with USAID and ExxonMobil to define a joint project. As of this writing, the collaboration, while not formally confirmed, appears to be assured. Entitled “Partnership for Child Health,” the project will amount to approximately \$80,000 and will run through 2004. It will center on introducing IMCI in Astana, through training for PHC workers, and on the provision of some basic equipment and health promotion activities. This activity is not only expected to improve child health services in Astana, but should also help expose policy-makers in Astana to modern evidence-based approaches to child health care. There will be four formal partners: USAID, ExxonMobil, ZdravPlus and KAFP, with ZdravPlus taking overall responsibility for overseeing project implementation. The City of Astana will be an informal partner and the Ministry of Health has expressed interest, but its participation remains to be confirmed.

## ***Policy Paper on Maternal Child Health (MCH) for the Ministry of Health***

In response to a request from the MOH, ZdravPlus prepared a policy paper on key issues in Maternal and Child Health. The paper presented international and local data on MCH, identified some key issues that need addressing, and made recommendations on international programs already piloted in Kazakhstan, such as IMCI and PEPC, that could quickly improve the status of MCH.

## ***Evidence-Based Medicine and Clinical Guidelines***

### **Pharmacy Activities**

During the reporting period, ZdravPlus conducted and analyzed the data from chart reviews conducted in Karaganda Oblast earlier this year – examining drug prescription practices in 2001/2002 and comparing them with those undertaken in the year 2000. The most significant findings of this research are as follows:

- The percentage of children under age five with an ARI who were prescribed an antibiotic dropped from 42.1 to 25.6 percent (as noted under IMCI above); and
- The percentage of adults with hypertension who were prescribed an injectable increased from 13.6 to 16.6 percent.

The positive result on antibiotic prescription could well be the result of IMCI training at many sites where the chart reviews took place, while the disappointing result on the prescription of injectables for hypertension is not surprising considering the limited work undertaken by ZdravPlus on that topic during the time period. It is noteworthy that in two out of three Karaganda City sites, prescription of injectables went down, probably due to the efforts of the DIC to educate physicians and the public on this issue. (The percent of patients prescribed an injectable in Maikuduk went from 16.1 in 2000 to 15.6 in 2001/2002; in Yugo-Vostok it grew from 13.6 to 15.4 percent; and in other areas of Karaganda City, it dropped from 20 to 14.3 percent.)

ZdravPlus also provided technical assistance to the National Center for Drug Expertise (NCDE) to develop a National Essential Drug List policy and a drug formulary for different levels of the health care system. It continued collaboration with the NCDE and the Republican Drug Testing Laboratory on TB drug quality testing. The report has been finalized and submitted to USAID.

The Karaganda Drug Information Center (DIC) continued its training and information dissemination activities to promote more rational drug use by health workers and the population:

- It responded to 414 inquiries, with three quarters being from patients while the rest came from health workers.
- It continued its training and information dissemination activities to promote more rational drug use.
- It provided training for 25 heads of health facilities on rational drug use, drug safety, assessment of drug effectiveness, clinical standards and treatment protocols, quality assurance of drugs and infection control issues.
- It trained 25 leading specialists from the Oblast Health Department on evidence-based medicine.
- It also conducted a series of round table meetings for PHC physicians, hospital staff, pharmacy specialists and patients devoted to topics such as management of drug side effects, rational use of antibiotics and related issues.
- It published a series of drug bulletins devoted to important topics such as medical errors in drug use, registration of drug side effects, rational use of anti-cholesterol drugs (statines), antibacterial

drug use in pregnancy, treatment of parasitic infections, genetically modified foods, risk factors for and prevention of the use of psychotropic drugs by teenagers.

- It prepared and disseminated information about treatment of pneumonia, bronchitis, asthma and antibacterial treatment in pediatrics.
- It conducted a survey of elderly people to collect information about drug use in preparation for an educational program aimed at the elderly which will take place in February.

To support evidence-based policy-making, the DIC worked with the Formulary Committee to discuss the proposed antibiotics list for the formulary.

The DIC also worked at building its international linkages. It published the Eurasia Network Bulletin covering a broad field of information from Moldova, Armenia, Kyrgyzstan, Russia and Kazakhstan. It also became a member of the Alliance for the Prudent Use of Antibiotics (APUA) and received its membership certificate.

### ***Quality Improvement Projects***

The focus of quality improvement activities is on a comprehensive child health improvement project, across the entire system of care, for children in Maikuduk; and on building on the results and lessons learned from the implementation of the Quality Improvement System for family planning in Zhezkazgan.

In Karaganda City, ZdravPlus is working with counterparts to improve pediatric care for children under age five in Maikuduk District. The quality team has identified a list of problems. For example, there was consensus that the neonatal department in the maternity hospital is providing inadequate counseling to young mothers on breastfeeding—and sometimes no counseling at all. A group of problems relating to the ambulance system were also identified. The team found that ambulances are being used too frequently and are promoting inpatient rather than outpatient care—often for problems that could be managed at home. On the other hand, the team decided that they had insufficient information about some components of the child health system, especially concerning the population's knowledge about how to care for children (both when healthy and when sick) at home; about the obstacles facing PHC workers in their routine tasks; and about barriers that prevent hospital staff from providing appropriate services efficiently. Thus, the team decided to undertake a survey to shed some light on these issues. They developed the survey and fielded it in December. The Oblast Health Department, as a member of the quality team, is actively involved in these activities and is eager to learn more about the strengths and weaknesses of the system providing pediatric services in Maikuduk.

In Zhezkazgan, the Continuous Quality Improvement (CQI) project on reproductive health services that started in 2001 has expanded. From a facility-level improvement project, it has grown into a systems-improvement project, involving a Multilevel Quality Team including city authorities and the population. Over the past six months, the team had two meetings which resulted in significant interventions and changes in the system of providing family planning services. In response to a concern emerging from the old facility-level CQI, the multilevel team decided that PHC providers weren't providing adequate counseling on contraceptive choices and organized training on counseling for PHC providers. To build the population's knowledge about their contraceptive choices—in parallel with the providers' knowledge and skills—a two-month population education campaign was conducted. A key element of this was to ensure that there would be somebody available in each FGP to provide counseling, so it was decided to set up special rooms where clients could come for family planning information and counseling. From the beginning of the CQI project, the Association of Family Physicians (AFP) collected data on providers' counseling skills and client satisfaction. Since the installation of the new counseling rooms, it has also been tracking the number of visits to these rooms. The AFP monitoring shows a definite trend toward improved counseling skills. IUD counseling scores increased from an average of 50.5 percent in February 2002 to 78.6 percent in



October 2003; counseling on oral contraceptives improved from 49.3 to 83.5 percent over the same time period; for injectables, the score rose from 43.9 percent to 81.4 percent; and on LAM from 56.9 to 88.8 percent. The family planning counseling rooms are proving very popular, with almost 10,800 visits recorded at the nine FPGs between May and December 2003. About half of these people were referred by a doctor, while half were self-referred and the new service proved popular with young people, drawing in over 1,800 youth.

ZdravPlus clinical director, Damilya Nugmanova, performed a situation analysis of the mechanisms in place that help ensure, control and improve quality of care.

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## **Resource Use**

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### ***Health Finance Policy***

Development of broad health finance policy aimed at strengthening the regulative and legal base for health finance reform at the national level has been the major focus of ZdravPlus activities within the Project's Resource Use and Health Policy components in this period. Building on the advantages gained earlier in the year, ZdravPlus concentrated its political and technical efforts to overturn the notorious health insurance model proposed by the MOH to the advantage of the increased budget funds. With MHI out of the picture, new opportunities for the development of the budget health finance system and a single payer model have been opened.

In parallel to the major strategic effort, the ZdravPlus technical team continued day-to-day work on the "content" of the health finance broad framework: budget funds allocation, vertical and horizontal pooling of funds, and provider payment systems. The major technical elements of the health finance system have been deepened. Thus, a new "merged" Decree on Provider Payment Methods #806 (as detailed below) confirms incentive based provider payment methods, extending the capitated rate payment to all PHC facilities with enrolled population including polyclinics; it creates better conditions for their implementation and allows triggering market-driven mechanisms within the health system funded from the state budget. This means more equity in resource allocation across the system, better accessibility to health care for the population and increased competition among health providers. Importantly, the same decree provides a legal base for reinvesting the saved resources back into the health system – a powerful tool encouraging more rational utilization of health resources and restructuring the system at large. A significant effort has been made to push the outpatient drug benefits package as an additional public benefit within the budget system, ready to be launched in January 2004.

To achieve the objectives, ZdravPlus has continued building a coalition with major national stakeholders of the reforms beyond the Ministry of Health: the national government represented by the Prime Minister's administration, Ministry of Economy and Budget Planning, and the Ministry of Finance. Importantly, over the past period, ZdravPlus has established collaborative relationships with the Center for Systemic Research under the President's Administration (headed by Abdymomunov) tasked by the government with the development of the global health development strategy. ZdravPlus has continued strategic collaboration with the World Bank. Direct technical assistance to the MOH and other major parties involved in the form of analytical documents, consultations, participation in the national working groups, national conferences and workshops have been the major tools of the implementation strategy.

### **Health Insurance**

Two years of consistent work at the national level involving the Ministry of Health, the Ministry of Economy and Budget Planning, the Ministry of Finance and National Bank, the Economic Policy Council under the Prime Minister's Administration and the President's Administration has resulted in the overturn of the notoriously proposed model of MHI. The Economic Policy Council (chaired by A.S. Pavlov, First Deputy Prime-Minister) in its historical meeting of November 21, 2003 made the major decision to exclude the "elaboration of Law of the Republic of Kazakhstan 'On Mandatory

Health Insurance in the Republic of Kazakhstan' upon the established order," meaning that the MHI issue is closed in the country. In this connection, amendments to the respective legal acts and the draft Budget Code will have to be made. Also, the Ministry of Health will consider the establishing of the Committee for Payment of Health Services through reorganizing of Densaulyk.

The multisectoral working group process that led to the overturn of the proposed MHI model, and the overturn itself, may be interpreted as the strengthening and maturing of a realistically-minded coalition beyond the MOH changing the balance of forces on the political arena. The financial and institutional implications of the MHI cancellation are summarized below:

#### **Budget Funds**

The decision favors the development of budget financing of the healthcare sector as the economic level of the country has reached a point that now allows it to do so. The Government has declared the additional increase of budget funds by 40 billion tenge in 2005. Part of the additional funds will be used for strengthening PHC and Maternal Child Health (MCH) through implementing an outpatient drug benefits package (see below) - another important step towards more rational utilization of health resources and improvement of the system as a whole.

#### **Provider Payment**

Over the past six months, progress has been made at the national level in the further development of incentive-based provider payment systems: capitated payment for PHC, case-based payment for hospital care and tariff schedule for polyclinics. The MOH Finance Department continued revising Government Decrees #806 and 138, drafting a proposal for the Ministry of Economy and Budget Planning on two key issues: (i) introduction of a single capitated rate for PHC facilities with enrolled population with adjusters, and (ii) creation of a consolidated budget program entitled "The Guaranteed Benefits Budget Program" with four sub-programs including a single hospital budget program and a single PHC budget program. ZdravPlus has put considerable effort into advocating horizontal and vertical consolidation of health budgets. At this point in time, the new "merged" government Decree (see above) is ready for approval. An appropriate pooling of funds is one of the major conditions for the successful implementation of provider payment systems. The political decision on oblast-level pooling of funds has already been made and is expected to be introduced into the Budget Code and the Local Governance Law in the near future.

#### **Outpatient Drug Benefits**

The cancellation of MHI and subsequent increase of budget funds have provided favorable conditions for promoting the national outpatient drugs benefits package (ODBP) representing, in essence, a supplementary public insurance benefit. In the course of the past six months, ZdravPlus has continued intensive technical work with the MOH on the ODBP for children less than one year of age. At the request of the MOH, ZdravPlus, jointly with Boston University, has provided technical assistance in estimating costs of the ODBP. For cost estimates, ZdravPlus has provided findings of the Drug Price and Availability survey conducted earlier in Karaganda by ZdravPlus jointly with the Drug Information Center. The new Government Decree on ODBP, expected to be signed in early 2004, creates a legal base for efficient implementation of ODBP, promotes WHO treatment protocols for child diseases (approved earlier by the MOH under the World Bank project for pilot sites), and strengthens PHC (only PHC providers will have the right to prescribe drugs from the ODBP). The ODBP is to be introduced nationwide in early 2004. The successful implementation of the ODBP requires the support of the HIS and monitoring and analysis.

#### **Single Payer**

The Government has announced its intention to introduce a single payer system in 2005. Thus, the health system has made a decisive step towards a single payer system giving the floor to legitimate discussions about the nature of a national single payer system both conceptually and in practice. The MOH has a number of misconceptions related to the implementation of a single payer system, including the appropriate level of pooling funds, the right balance between the centralization of funds, and the autonomy of the provider. Much technical work will need to be done to ensure that an efficient and appropriate model is introduced.

### Collaboration with the World Bank

ZdravPlus has continued its strategy of collaborating with the World Bank on broad health finance issues including health insurance and finance, cost effectiveness, transfer of rural health care to chapter-budget financing, and beyond – on such issues as the development of clinical protocols and quality of care. ZdravPlus has contributed to all World Bank missions by providing information on recent national developments in health policy, sharing key technical materials, and by participating in discussions on major issues. In essence, the World Bank, through national policy dialogue, has promoted ZdravPlus's technical tenets: the priority of a single payer, the budget system, and provider payment systems. In 2004, the World Bank plans to conduct a national workshop on broad health finance issues. ZdravPlus recommends focusing on the single payer model as a priority in view of the most recent changes.

### ZdravPlus Technical Assistance (TA) to the Government beyond the MOH

ZdravPlus has continued day-to-day collaboration with the MOH and the Government, moving to a new qualitative stage: while within the MOH technical work on the new “merged” decree on provider payment and the decree on ODBP has provided opportunities to further educate policy leaders and technical staff in health finance issues and create consensus, outside the MOH broader coalitions with the government have been forged (discussed in the Health Policy section). Thus, over the past six months, ZdravPlus worked intensively with Naimushina (Vice Minister of Health) on a whole range of health finance issues discussed in the current section of the report. The Ministry has also requested ZdravPlus to provide technical assistance in developing HIS capacities. In the Government, ZdravPlus has provided intensive technical assistance to the Prime-Minister's Administration (also, see the Health Policy section of this report) in the form of analytical documents and consultations on health insurance, finance, and health care development in general.

### ***Health Information Systems***

A successful single payer system requires the development of a single (integrated) health information system. The necessity of developing a single health information system is clearly understood at the national level. Thus, over the past six months, the MOH has organized a new office (department) under the MOH that includes the recently organized Information-Statistical Center (HOZU) established under the MOH, a Statistical Department, and a Department of Methodology of Provider Payment Methods. The new office supervises Densaulyk and Medinform as organizations reporting to the MOH. B. Tokezhhanov, the former director of the Medical Information Center in EKO, supported by ZdravPlus, has been appointed as the Director of the office. The organization of such an office creates opportunities for a better coordination of efforts of the MOH in developing the national health information system using the experience of HIS development in ZdravPlus pilot sites.

Conceptually and technically, the Karaganda Health Information System remains to serve as a model for the national health information system. The experience generated by the Karaganda HIS continues to be transferred up to the national level. Thus, at the MOH's request, ZdravPlus organized a visit to Karaganda for a representative of the MOH (Chokan Yesmagambetov, head of the newly established Information-Statistical center under the MOH, “HOZU”) to study the HIS pilot's experience. The Karaganda information technologies team supported by ZdravPlus remains the major taskforce of the national HIS development team under Densaulyk.

Over the past six months, some real progress has been made towards the creation of such a system. Recently, a national tender on the development of a single HIS has been won by the national Densaulyk (Madzhuga) to be implemented jointly with Medinform. Both entities have been longtime strategic partners of ZdravPlus. The ZdravPlus IT specialists supported by IT teams from pilot sites collaborate with the national level on a continuous basis. Thus, Densaulyk and Medinform, supported by ZdravPlus, held a benchmark meeting addressing the issues of collaboration and splitting the responsibilities in the area of HIS development. All issues were discussed in the context of a new legal base for the health finance system. As a result, Medinform and Densaulyk agreed that the updating of hospital software is a current priority. In addressing this issue, ZdravPlus will take the responsibility for developing the Terms of Reference; Medinform will upgrade the software

accordingly, while Densaulyk will take care of the maintenance of the developed software in the regions. The pilot implementation of updated hospital software will take place in Uralsk. To facilitate the process, a working group will be established by the MOH's Order to develop standards of the clinical and finance databases' structures to be approved by the MOH. After piloting, the upgraded hospital software and systems will be rolled out throughout the country. This new approach to HIS development with shared responsibilities and concerted effort gives a role and place for each stakeholder, ensuring a unified approach to HIS development in the country.

In the course of the reported period, ZdravPlus has progressed in: (i) developing HISs at the oblast level in ZdravPlus pilot sites and beyond (Karaganda, Zhezkazgan, EKO, Almaty City and Uralsk); and (ii) disseminating the experience of pilot HISs to the national level, helping to create the vision and understanding of the future national HIS.

In concrete terms, ZdravPlus has concentrated its technical efforts in the following areas:

- Development of the Modular HIS;
- Development of the Karaganda integrated HIS;
- Development and utilization of population databases in pilot sites;
- Specific HIS initiatives (Almaty Population Database Project and Uralsk HIS); and
- Provision of informational support for monitoring and evaluation activities and quality improvement pilots.

#### Modular HIS

The Modular HIS continued to be developed and used in Zhezkazgan. Over the past period, an important shift from testing to practical application of the modular HIS at the facility and regional system level has been made. Thus, the HIS databases have been refined and a number of charts and tables supporting the selected PHC monitoring indicators have been developed and implemented. Health personnel continued to be trained in individual patient recording skills. Densaulyk and ZdravPlus specialists continued providing training and consulting to health personnel of health facilities in correct data entering as a major condition of adequate operation of the HIS. Training has been supported by the Zhezkazgan FGPA. Simultaneously, data is continuously being entered and is cleaned to ensure valid reporting.

#### Karaganda Integrated Health Information System (HIS)

The Zhezkazgan-Karaganda HIS joint technical team continued work on developing the Karaganda integrated HIS, based to a large extent on software products developed for the Zhezkazgan Modular HIS. However, over the past few months, the major focus has been the maintaining and application of existing databases to support management decisions at all levels of the system. In essence, the current Karaganda HIS creates a broad information platform for all key elements of the health reform in the oblast: supports provider payment, encourages PHC development through the PHC monitoring and evaluation activities, and helps implement specific initiatives like safe motherhood and quality improvement projects. Karaganda has been selected as a national pilot site for implementing the outpatient drug benefits package in 2004 largely due to the availability of the operational HIS.

#### EKO Medical Information Center (MIC)

ZdravPlus-supported EKO MIC continued developing in the following major areas: (i) population database; (ii) monitoring and evaluation; and (iii) inpatient database development. In the past six months, significant progress has been made towards implementing a case-based hospital payment system in the oblast. The joint working group, including specialists from the MIC, Finance Department, medical statisticians and representatives of hospitals held a number of meetings to discuss technical issues and the process of implementing the hospital payment system beginning in

January 2004. The Oblast Health Department is preparing a respective order (Prikaz). The MIC in its turn has everything in place to support a provider payment: population database, clinical database, refined DRG software program, morbidity, diseases, surgeries, and ambulance calls software programs and data exchange modules. The population database and monitoring activities are described in their respective sections of the report.

#### **Development and Maintenance of Population Databases**

*In Ust-Kamenogorsk:* Under the Information Medical Center (IMC), ZdravPlus continued supporting the enrollment population database. The population database has been cleaned, finalized and moved under the City Health Department.

*In Karaganda:* The cleaning and finalizing of the population database continued throughout the reporting period. The databases have been maintained and used to support health management and quality improvement activities as well as specific reform initiatives.

*In Zhezkazgan:* In November, Zhezkazgan and Satpaev implemented their annual re-enrollment campaigns. The population data entering process was well organized and proved very efficient due to the experienced and well-trained operators. In the period from November 25-30, operators have been processing the data and investigating potential enrollment conflicts. By early December, official enrollment data results were submitted to the Statistical Department of the City Akim Administration.

#### **Almaty HIS Project**

In Almaty, ZdravPlus subcontractor Medinform has successfully completed developing the Almaty Population Database. By the end of November, the developed population database, with all respective hard and software provided through the ZdravPlus HIS development project, has been handed over to the Almaty City Health Department. While the results of the enrollment process and population database need a thorough analysis, preliminary conclusions can be summarized as follows: (i) open enrollment needs a broader population information campaign to encourage the population's responsiveness and participation in the process; and (ii) the enrollment process has revealed a considerable number of unofficial residents dropping out of the health system. This is a worrisome fact since the majority of such residents may belong to various risk groups. The City Health Department in its official letter signed by Mr. Devyatko (Head, Almaty CHD) expressed satisfaction with the results and a hope for further continuation of the project. It is hoped that the developed population database will be appropriately used for provider payment purposes and will be further rolled out throughout the city.

#### **West Kazakhstan: Uralsk HIS**

West Kazakhstan Oblast Health Department has approached ZdravPlus with a request to provide technical assistance in developing a health information system (HIS) in the oblast. Over the past few months, ZdravPlus has considered the development of a HIS in the context of developing incentive-based provider payment systems in the oblast. While the WKO Health Department is working on an official proposal for ZdravPlus, ZP has already discussed the opportunities of using the program's resources in a most efficient way with its long-standing partner Medinform. Currently, a new scope of work for Medinform in relation to the Uralsk HIS development has been developed and the extension of the previous contract with Medinform is under approval. Importantly, ZdravPlus, national Densaulyk and Medinform have agreed that Uralsk will become a pilot site for testing the new HIS development approach which envisages complimentary roles of Medinform and Densaulyk. The project is expected to be launched in the beginning of 2004.

#### **Information Support to M & E Activities and Quality Improvement Projects**

Over the past six months, ZdravPlus-supported HIS in Karaganda, Zhezkazgan and East Kazakhstan Oblast including Semipalatinsk have been intensively used for PHC monitoring and evaluation activities and specific quality improvement initiatives (Safe Motherhood and Quality Improvement projects). While monitoring and evaluation activities as well as quality improvement projects are described in the respective sections of the report, it is important to note that the increasing utilization

of HIS for specific initiatives apart from their major provider payment support function testifies to the new qualitative stage of the health reform.

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## **Legal and Policy**

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The past six-month period opened with the appointment of a new Prime Minister Danial Akhmetov (former Akim of Pavlodar Oblast). Akhmetov announced that the RK Government Program would be largely focused on economy and production sectors with less emphasis on the social sector. Dr. Dосkaliev was reappointed as the Minister of Health. The MOH's team has remained basically the same with some changes. Dr. Belonog (SES) became the first Vice Minister of Health with three more Vice Ministers of Health: 1) Dikanbaeva, Child and Maternal Care; 2) Aidarkhanov, Clinical Issues; and 3) Naimushina, Financial Issues. These changes have had little impact on the policy environment within the MOH. However, the retaining of Naimushina in one of the key positions in the ministry has definitely served an important and positive factor in the overall policy development. Vice Minister Dikanbaeva, open for discussion, plays a stabilizing role on the whole. At a higher government level, the political changes have opened space for further policy dialogue. The MHI has lost its major government supporter—the former Prime Minister, and the progressively minded team of advisers under the new Prime Minister's administration has stepped up—tasked with the development of a new global health care development strategy in the absence of mandatory health insurance.

Over the past six months, health policy and legal activities in Kazakhstan have progressed along the following strategic avenues: (i) Supporting the national policy dialogue; (ii) Developing a legal framework for health reform; and (iii) Monitoring and Evaluation. Activities implemented within each of the respective technical areas have further strengthened the political and legal base of health reform.

### ***National Policy Dialogue***

The national policy dialogue has been largely focused on preventing the introduction of the MHI model, to the advantage of the budget system. ZdravPlus has been engaged in policy dialogue with a broad range of national stakeholders starting with the Ministry of Health and far beyond. The elimination of this MHI model reflects the victory of the government coalition outside of the Ministry of Health. The coalition includes “old” as well as relatively new players in the field: the Ministry of Finance, the Ministry of Economy and Budget Planning, the Economic Policy Council under the Government, the Prime Minister's Administration, the Systemic Research Center under the President's Administration and the Parliament. The elimination of MHI has opened space for new policy developments. Namely, ZdravPlus has been invited to participate in the national joint working group under the Prime Minister's administration, tasked with the development of a new global health care development strategy. Within the policy dialogue context, ZdravPlus has provided continuous technical assistance to the major participating parties quoted above. The respective activities are summarized below:

#### **The Ministry of Health**

- The Ministry of Health remains ZdravPlus's major national partner. ZdravPlus has continued providing technical assistance to the Ministry and particularly to the Deputy Minister on Health Finance and the Financial Department on core technical issues;
- The development of a new “merged” version of Decree #806 on health provider payment – providing more favorable conditions for pooling funds and provider payment systems;
- A significant policy dialogue has been carried out and supported by intensive technical assistance to develop a new Decree #674 on a free outpatient drugs package. After much discussion, the final version of the draft decree looks acceptable for implementing.

- The MOH has requested ZdravPlus's technical assistance in establishing the Health Purchasing Center on the Densaulyk base, and namely, in defining its status, structure, administration, financing of the guaranteed benefits package, etc.
- The EPC supports the improvement of the health workers' reward system and in particular the development of a flexible system envisaging the individual worker's contribution to the facility's performance results. In this connection, the MOH has requested ZdravPlus to prepare an analytical overview of international experience in health workers' (both physicians and medical nurses) reward systems.

#### The Ministry of Economy and Budget Planning

ZdravPlus has continued providing technical assistance to the Ministry of Economy and Budget Planning. Over the past period, significant work has been carried out with the Department for Health Care Planning and Social Protection. Namely, broad issues of the health budget planning process, consolidation of health programs budget for 2004, and the position of the Ministry of Health in respect to the proposed mandatory health insurance model were discussed. Based on ZdravPlus's recommendations starting in 2004, the current 14 budget programs will be reduced to four. It is also expected that in the near future, the Government will approve the Budget Code followed by budget consolidation at the oblast level throughout the country. The Ministry of Economy requests further technical assistance.

#### Economic Policy Council under the Government

ZdravPlus has contributed directly and indirectly to the decisions of the Economic Policy Council (EPC) under the Government to cancel the MHI model and focus on the budget funds allocation based on a single payer model. ZdravPlus has provided technical assistance to the key participants of the EPC in the form of analytical notes and consultations.

#### Prime Minister's Administration

The Prime Minister's Administration, led by a team of advisers, is intensively preparing for the development of a new global health care development strategy. ZdravPlus has been involved in the process from its start-up. Over the past period, at the Prime Minister's Administration's request, ZdravPlus has provided consultations and developed a whole set of analytical papers such as:

- A set of analytical materials on international experience in health insurance, comments on and analyses of the latest draft of Mandatory Health Insurance (MHI) laws designed by the MOH and the National Bank
- An analytical paper titled, "The Health Care System in Kazakhstan and Proposed Improvements" was prepared by ZdravPlus. The document has been submitted to Mr. Pavlov (Vice Prime Minister). This document, which provides the analysis of the major parameters of the health care system in Kazakhstan, was extremely well-received by government officials. An English translation of this report is currently being prepared by ZdravPlus. To facilitate the process of developing the strategy, the government is planning to organize a working group and asked ZdravPlus to provide its recommendations on the participants. ZdravPlus has recommended Aigul Bibolova (MOH), N. Ashirova (MOEBP), Kanat Yermekbaev (Head, Karaganda OHD) and Serikbol Musinov (Head, Pharmaceutical Control Committee, MOH) – national level health reformers and ZdravPlus's long-standing partners. ZdravPlus has also been invited to participate.

#### Systemic Research Center (SRC) Under the President's Administration

The SRC, under the President's Administration, collaborates with the Prime Minister's Administration in developing the new global health care development strategy. In its official letter signed by Director A. Abdymomunov, ZdravPlus has been requested to participate in the project. ZdravPlus has confirmed its participation.

## ***Legal Development***

ZdravPlus's activities in the area of legal development have centered on health policy and technical issues discussed in previous sections, namely: health insurance, health finance and provider payment, the health care system, and drugs. Below is the summary of respective activities:

### **Law on the Health Care System**

On June 4, 2003, the Law on the Health Care System was finally approved by the President. ZdravPlus has significantly contributed to the health finance chapters of the law. In the final analysis, the law bears a contradictory character and is rather inconsistent. The positive aspects include: (i) the law legislates capitated payment for PHC with enrolled population and performance-based (case-based) payment for hospitals; and (ii) the law creates legal opportunities for open enrollment in outpatient-polyclinic facilities. The law, however, does not provide a clear definition of PHC facilities. In addition, pediatric care is stated separately for PHC in a number of cases.

### **TA to the MOH and the Government on Legal Issues**

At the request of the MOH and the Government, ZdravPlus has prepared a number of analytical overviews. These analytical papers are: (i) "Brief Comparative Description of Health Financing Systems in Selected Developed Countries;" (ii) "Health Insurance in Germany: Legal and Socio-Political Perspective;" and (iii) "Articles on Health Protection in the Constitutions of Selected Countries." The papers have been submitted to the respective agencies.

### **Government Decree on Outpatient Drugs#674**

ZdravPlus has provided technical assistance in drafting Decree #674 envisaging outpatient drugs for children under one year of age (see the Resource Use section). The Decree is expected to finally be approved in early 2004.

### **Drug Law New Edition**

Parliament has been working on the new edition of the Drug Law that would envisage outpatient drug benefits for the population. In this connection, ZdravPlus has provided a set of technical materials to Senator Tutkushev, heading the Drug Law working group in the Parliament. The package included the Drug Pricing and Availability Results and Analysis (Karaganda DIC and ZdravPlus), a selection of materials on international experience in this area provided by Boston University, and other materials. Senator Tutkushev actively promotes the following major ideas: (1) the necessity to monitor prices of outpatient drugs guaranteed by the government; and (2) the necessity of state regulation of such drugs.

### **Pharmaceutical Control Committee under the MOH**

ZdravPlus has strengthened collaboration with the Pharmaceutical Control Committee under the MOH (S. Musinov, Head). The Committee has requested ZdravPlus to provide technical assistance on the following priority issues:

- Development of a broad legal base for the pharmaceutical sector in view of the upcoming entering of Kazakhstan into the World Trade Organization;
- Development of the Kazakhstan pharmaceutical policy; and
- The rules of designing the essential drugs list.

## ***Monitoring and Evaluation***

Over the past two years, the monitoring system initiated in the Karaganda pilot has progressed along the major stages of its development: conceptualization, designing, testing, refining and adjusting based on the test results and emerging needs. Today it has entered the institutionalization phase: one can state that the PHC monitoring system has become part and parcel of the Karaganda health care system. The system initially applied to the Karaganda PHC, but has developed both geographically and programmatically. A similar PHC system has been implemented in Semipalatinsk with further



plans of its roll-out to Temirtau (Karaganda Oblast) and Ust-Kamenogorsk. The system experience has been applied to serve the needs of the Safe Motherhood project in Zhezkazgan: a menu of indicators has been designed, the respective data collected, and a comparative analysis of the situation one year prior and one year after the launch of the project has been made.

The fears that the monitoring and evaluation system would create a duplicating flow of information have not been realized: Monitoring has developed into an analytical tool, ensuring objective information feedback encompassing all levels of care and reflecting the objective status of the system, supporting policy and management decisions at all levels of the system. The system is favored by the national MOH. The necessity of monitoring in general is reflected in Decree #806 and will be reflected in the new HIS development concept. It is important to note the conceptual and technical interrelation of monitoring and evaluation and health information systems. Below is the summary of ZdravPlus activities in this area over the past six months:

#### Semipalatinsk and EKO

The Semipalatinsk monitoring system is based on 10 core indicators including PHC facilities cost structure, PHC funding in percentage from the overall health care funding in the region, level of hospitalization for PHC-sensitive conditions, etc. The data is collected from PHC facilities on a monthly basis while the analysis is conducted quarterly against the selected menu of indicators. Over the past six months, the PHC monitoring system in the Semipalatinsk pilot has been progressing according to plan and in June an oblast-level workshop on monitoring and evaluation was held. The workshop hosted specialists and leaders of health departments from the entire EKO, including the cities of Semipalatinsk and Ust-Kamenogorsk and heads of SVAs (Semipalatinsk and Ust-Kamenogorsk) and NGOs. In the course of the workshop, a primary analysis of indicators for 2002, as well as performance results of SVAs in Semipalatinsk for the first quarter of 2003 (against the set of indicators initially selected for monitoring and evaluation), were presented. All family group practices have received additional training in correct data collection through the data forms approved by the Oblast Health Department. According to intermediate results, the quality of data collection has significantly improved after the training. The initially selected set of indicators has also been adjusted to provide more meaningful data for the analysis. For example, the indicator “number of hospitalizations per FGP” has been substituted with “number of hospitalizations per 1,000 residents of the population” as providing more objective information on PHC performance results. The Medical Information Center in Ust-Kamenogorsk provides information support to the PHC monitoring and evaluation project and the next quarterly analysis was scheduled for November. Based on the results of the project, the PHC monitoring and evaluation system will be rolled out throughout the entire East Kazakhstan Oblast.

#### Karaganda Monitoring Pilot

- In Karaganda, the joint working group on the PHC monitoring and evaluation project under the Oblast Health Department held its regular meeting to discuss half-year results. All chief specialists of the oblast and city health departments, as well as chief physicians of all family group practices, took part in the meeting.
- A PHC Monitoring and Evaluation working group in Karaganda discussed a set of indicators for child and maternity care facilities. As a result, individual recording forms for children under one year of age and pregnant women have been developed. The issue of the HIS's support has also been discussed.

## **KYRGYZSTAN**

### **Six-Month Report**

### **July – December 2003**

#### **COUNTRY SUMMARY**

Over the last six months, Kyrgyz reforms generally moved forward after emerging from the political crisis of the last year. The Single-Payer system continued operation in Issyk-Kul, Chui, Naryn, and Talas Oblasts and ZdravPlus continues to provide technical assistance to operations and monitoring. Implementation initiated in 2003 in Batken and Jalal-Abad Oblasts progressed rapidly and formal copayments were introduced July 1, 2003. Both Osh Oblast and Bishkek City took steps forward in Single-Payer system implementation.

Progress on the implementation of the Single-Payer system in Bishkek and Osh Oblast had slowed but was resurrected after the February 2003 Roundtable. As a result, the regulation establishing the Bishkek Territorial Department of the Health Insurance Fund (HIF) and introducing the Bishkek Single-Payer system was approved July 1, 2003. The full implementation of the single payer system is still contingent on the development of a mechanism to pool Republican and City funds within the Bishkek City HIF. This is in process, but not yet resolved. In Osh, implementation was delayed due to the proposal from the Mayor of Osh to establish a separate HIF for Osh City given that the city is now a separate administrative unit in Kyrgyzstan. The Ministry of Health (MOH) and HIF did not support this proposal since it would have compromised the principles of the Single-Payer system as funds would not have been pooled and equity for vulnerable Osh Oblast rural populations reduced. In subsequent discussions, MOH reached an agreement with the Mayor of Osh to proceed with the establishment of a single Osh HIF and to establish a Single-Payer pooling fund.

The major event of the last six months was substantial progress in the development of a permanent legal framework for health reforms. During piloting and initial stages of roll-out, the reforms had relied on a temporary legal framework consisting largely of numerous Presidential, Government, and MOH Decrees. The permanent legal framework consists of six elements. Three of the elements, the Single-Payer Law, Amendments to the Law on Health Insurance, and Health Reform Concept were approved by the Parliament last summer. Approval of these three Concepts/Laws should solidify the long-term Single-Payer institutional structure of the health sector. This fall, intensive discussions were held by the Parliament on the remaining three laws — Law on Health Protection, Law on Health Organizations, and Law on Guaranteed Benefits Package. ZdravPlus provided policy and legal assistance to the MOH and HIF to prepare information to support the Parliament discussions.

Barriers, however, continue to arise in health reforms. The latest was a budget reduction from the MOF proposed for the 2004 budget. The reason behind the proposed reduction is not clear, although factors such as the continued poor economic situation, viewing formalized population copayments as “new money,” and punishing the reforms for their success by transferring funds to the unreformed education sector definitely played a part. The approved budget for 2004 does not contain catastrophic health budget reductions, but the health sector remains significantly underfunded. In addition, there are some signs that aspects of the political crisis may reappear. Over the next six months, ZdravPlus plans to work with all stakeholders to engage in a policy dialogue process to improve consensus and ownership on major policy and social decisions.

Activities in the project’s Population Involvement component have centered on health promotion campaigns, interpersonal communications skills training, and the Healthy Communities Grants Program (HCGP). Multi-media health promotion campaigns were conducted on diarrhea in the summer months and on family planning in the winter—both of them aimed at increasing public knowledge on the key health promotion indicators that the project is seeking to achieve. The Republican Health Promotion Center (RHPC) continues to demonstrate leadership, bringing together the resources of various donors to contribute to these campaigns. And campaign organizers are bringing messages to communities through strategies such as contests and short plays in the

community. The impact of this work is measured through an annual survey on public knowledge, attitudes and practices (KAP).

Interpersonal communications skills (IPCS) training is fundamental to improving communications between health workers and the population and ZdravPlus' short course on this topic has gained wide recognition in Kyrgyzstan. Several other donors now support this activity, with technical assistance from ZdravPlus and the project's Master Trainer in Kyrgyzstan has been able to help build the skills of future trainers in IPCS in other countries of the region.

The Healthy Communities Grants Program, managed jointly with Counterpart Consortium and Soros Kyrgyzstan/OSI, is one of ZdravPlus' key strategies for empowering the population at the grass roots level. With two rounds of grants now awarded, HCGP continues to receive many inquiries from prospective applicants. Grants have been made throughout the country, for health education activities such as child health and malaria prevention as well as for sanitation activities, such as baths and water supply.

In the Quality Improvement component, the Family Medicine Training Program is moving rapidly towards its target for retraining Family Group Practice (FGP) doctors, and nurse retraining is also moving ahead well. The Bishkek FMTC is achieving recognition and beginning to play a significant role in training family medicine teachers (both doctors and nurses) from other countries in the region. Building on past work in training family doctors and nurses, two important reference books for health workers and teachers have been printed and are being distributed—to considerable acclaim.

As the retraining of family doctors nears completion, a new initiative envisages expansion of the pilot Continuing Medical Education (CME) program tested in Issyk-Kul Oblast. An ambitious plan has been submitted to the MOH to begin rolling out CME for FGP doctors and nurses in their home oblasts. CME would also be linked with expansion of Continuous Quality Improvement (CQI) to limited numbers of FGPs across the country. Another new initiative is the establishment of an NGO that could help the sustainability of family medicine training by allowing donors to invest funds and roll out training through an existing network.

With two pilot projects on the integration of sexually transmitted infection (STI) services into primary health care (PHC) completed, the MOH established a committee to look at the expansion of these projects nationwide—a remarkable accomplishment in a region where STI services have been part of a separate vertical system. Another landmark pilot project to expand the role of midwives by training them to provide IUD services is also now being replicated in other parts of the country.

Additionally, the underpinnings of a national quality improvement strategy are in place. Particularly remarkable has been the progress made in recent months in building support for evidence-based practice and modern clinical practice guidelines, with four leading associations of health professionals agreeing to take on the task of researching and developing model guidelines. The fact that this task is being taken on by bodies outside of the MOH is an important step towards professional associations taking responsibility for overseeing professional practice.

## **SUMMARY OF IR ACTIVITIES**

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### **Population Involvement**

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#### ***Health Promotion***

Health promotion activities focused on: 1) a diarrhea campaign; 2) a family planning campaign; 3) interpersonal communications skills training, 4) the Healthy Communities Grants Program, and 5) oblast-level health promotion activities.

### Diarrhea Campaign

ZdravPlus worked with the Jalal-Abad Health Promotion Center to conduct a campaign on diarrhea from June 20 to August 1 in Bazar-Korgon rayon. The campaign sought to inform the population about the prevention of diarrhea, about the signs of illness and the danger signs that require a child to be taken to a health facility. The campaign was launched with an opening ceremony at the Bazar-Korgon FMC, attended by representatives of the rayon *akimat*, and Jalal-Abad Health Promotion Center. Representatives of local newspapers and TV covered the event. Throughout the campaign, FGP doctors conducted meetings with the population on how to prevent diarrhea, good hygiene and sanitation and 12,000 brochures were reprinted and disseminated by FGPs. There was also a contest among FGPs for the best poster on diarrhea and for the best role-play on counseling, with the winners receiving prizes. During the show, doctors demonstrated good skills on interpersonal communications. A video, TV spots and radio reels on diarrhea were broadcast oblast-wide during the campaign.

### "Let's Build a Healthy Family" Campaign

ZdravPlus joined the Republican Health Promotion Center (RHPC) in launching a family planning campaign, which ran from November 3 to December 15. The campaign objectives were to inform the population about family planning, particularly the advantages and disadvantages of the different methods of contraception and about the rights of the population on family planning. It started with a press conference at AKIPRESS press center, with representatives of the MOH, RHPC, NGOs, UNFPA and ZdravPlus. Opening ceremonies in Bazar-Korgon rayon, Jalal-Abad Oblast; Jayl rayon, Chui Oblast; and Jetty-Oguz rayon, Issyk-Kul Oblast took place at the same time.

FGP doctors conducted meetings with the population, high school and college students to inform them about the advantages and disadvantages of contraceptives and about their rights on family planning. ZdravPlus produced 20,000 posters on contraceptives and reprinted 15,000 posters on the advantages and disadvantages of different methods of contraception and UNFPA provided leaflets and brochures. All of these materials were disseminated during the campaign. There were contests among FGPs for the best poster and, among young people, for the best drawing on family planning, with the winners receiving prizes. A video, TV spots and radio reels were broadcast on the national and oblast radios and television. A wrap up meeting was held on December 29, with representatives from TV, press and radio, the MOH, RHPC and UNFPA to assess the results of the campaign and award prizes to the most active journalists for good coverage during the campaign.

### Training in Interpersonal Communications Skills (IPCS)

Interpersonal communications skills training has gained wide recognition in Kyrgyzstan as fundamental to improving communications with the population and demand for courses continues. With limited funding for this in the ZdravPlus budget, other donors have started to support the activity. In June/July, UNFPA asked ZdravPlus to train FGP doctors from Tup and Issyk-Ata rayons. Two workshops were conducted for rayon FGP doctors (20 people in each group). In September, again at the request of UNFPA, ZdravPlus Master Trainers conducted a TOT on IPCS for social patronage workers. There were 24 participants from all seven oblasts. In all these courses, participants' pre-test scores were in the 40 percent range and increased to around 90 percent or higher at the post-test (out of 100 possible percentage points).

IPC skills are key to NGOs who work with their communities and, in August, training was conducted for 20 members of two NGOs from Naukat rayon in Osh Oblast, both of them grantees in the Healthy Communities Grants Program. The participants' scores increased from an average of 45 percent at the pretest to 89 percent at the post-test. In November, a workshop was conducted for 24 participants from NGO grant winners in Talas City. While pre- and post-test scores for the Osh training were typical, the Talas group's initial knowledge lagged behind, with an average starting score of only 25 percent and ending score of 86 percent.

Interest in IPCS is growing across Central Asia, too, and Master Trainer Ainagul Sulaimanova has been able to help meet the need. In October, she traveled to Dushanbe to conduct a training of

trainers (TOT) for 20 health workers there, including five Master Trainers. In December, she conducted a TOT for health workers in Ashgabat.

#### **Healthy Communities Grant Program (HCGP)**

HCGP, which is run jointly by Counterpart Consortium, Soros Kyrgyzstan/OSI and ZdravPlus, awarded the second round of grants in July, with somewhat fewer applications than in the first round—287 as compared to 331—but still a very large number of applications. Seven grants were awarded for health projects and 11 for Community Action Grants (CAGs), for a total of 18 grants. All of the second round projects were funded by USAID, as Soros/OSI allocated its full 2003 grant pool in the first round. The geographic distribution is similar to the first round: four projects from Naryn Oblast, one from Issyk-Kul, seven from Chui, two from Osh, one from Jalal-Abad, one from Batken and two from Talas Oblast. The grant awards amounted to \$59,325, with the size of the individual grants ranging from \$1,188 to \$4,977. The award ceremony was held July 28, with participation by representatives from USAID, Counterpart/Kyrgyzstan and ZdravPlus, and was well covered by mass media. Five projects in Naryn Oblast, three in Issyk-Kul and two in Chui were monitored and considered successful. The rest of the projects are still being implemented. ZdravPlus provided technical assistance, including information support and training, to grantees as appropriate.

#### **Healthy Schools Program**

The coordinator of the Healthy Schools Program, Dr. Kalieva, had meetings with oblast, rayon and education departments in Batken, Jalal-Abad, and Osh Oblasts and visited pilot schools in the regions. Agreements were signed with school principals and project coordinators were appointed.

At School #1 in Bishkek, a UNFPA-supported workshop was conducted on healthy lifestyles titled, “Practical Realization of the Healthy Schools Project” and representatives from 60 schools around Bishkek were invited.

In October, School #70 conducted a Health Culture Festival sponsored by WHO. The festival was broadcast on every TV station and included school children, parents, teachers, international organizations, the MOE, MOH and parliament officials in the festivities.

#### **Oblast-Level Health Promotion Activities**

In summer, Issyk-Kul Oblast (IKO) Site Coordinator/Marketing Specialist and IKO Family Group Practice Association (FGPA) staff developed a survey to assess public perceptions of the Karakol FGPs, Family Medicine Center (FMC) and family medicine in general. The results showed that the population is relatively satisfied with FGP physicians and nurses and the FM services they provide. People know their family doctor well, but they do not know the name of the FGP they are enrolled in. In response to this, in August the FGPA, the deputy director of the FMC and ZdravPlus developed a new re-enrollment process in IKO for radio listeners.

In November and December, IKO participated actively in the “Let’s Build a Healthy Family” health promotion campaign on family planning, particularly in Jetý-Oguz rayon and Karakol. Activities started with a roundtable on issues of reproductive health and family planning and a number of radio programs. Throughout the two months, the FMC showed the ZdravPlus/Uzbekistan soap opera (dubbed into Kyrgyz) on family planning in their building. There were also educational activities conducted with FGP physicians, young mothers, and pregnant women, where video films were shown and brochures distributed. Family physicians gave talks to high school students on family planning and use of contraceptives. In December, a drawing contest, a contest for short plays, and a health promotion wall paper contest were held. The winners received small prizes and stationery. The campaign in Jetý-Oguz rayon ended with a round-up of campaign activities highlighting the most active FGPs and their staff and gave prizes to students for their drawings and medical workers for their health promotion wall papers.

#### **KAP Survey**

The annual KAP survey was slightly modified and field work was conducted by the research company SIAR in one urban and one rural area in three oblasts: Bazar-Korgon rayon and Jalal-Abad City in

Jalal-Abad; Karakol City and Jety-Oguz rayon in Issyk-Kul; and Talas City and Bakai-Ata rayon in Talas. The report should be ready by the end of February.

## Quality Improvement

The Quality Improvement Component is a composite of inter-related activities that include support to: (a) Medical Education and Continuing Education programs; (b) accreditation and professional development activities undertaken by professional associations; and (c) national center for promoting and disseminating Evidence-Based Medicine in order to link health care practices with the latest and most updated information from the medical and management sciences.

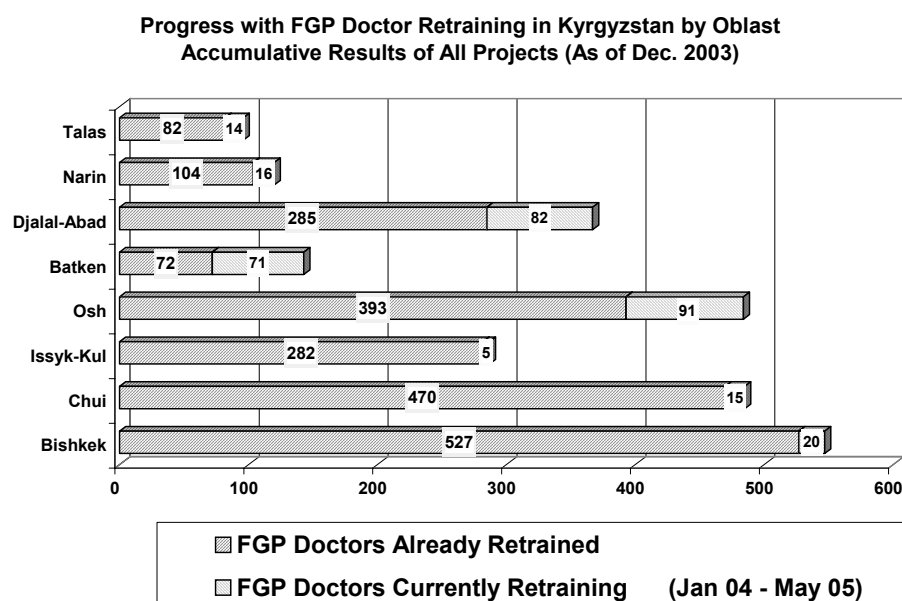
The World Bank mission (discussed further under “Improving Legislative, Regulatory and Policy Framework”) noted the need for a national strategy for defining common goals and developing a coordinated implementation plan for quality improvement in order to coordinate and sustain these various initiatives.

ZdravPlus is currently working with the MOH to develop a comprehensive Quality Improvement Strategy (QIS) to address these issues. The QIS will provide a basis for defining the roles and responsibilities of all the key stakeholders and organizations in the system with respect to quality assurance and quality improvement, and identify the steps for further institutionalization of QI activities in the country. Six working groups have already been established to address these issues, and a concept paper describing the use of the framework for identification of the main strategies has been drafted and is awaiting approval by the MOH. With support from ZdravPlus/USAID, the MOH is preparing to develop a two-week training module in QI and provide support for training in EBM to complement the activities already funded through International Development Association (IDA) Credit. These activities will complement and enhance the institutionalization of the programs supported through the IDA Credit.

## Family Medicine Education and Training

### FGP Retraining

FGP retraining is continuing according to the original World Bank II Project plan. To date, 2,215 FGP doctors have already been trained and 314 are currently in retraining (from January 2004 – May 2005), for a total of 2,529 retrained doctors by May of 2005.



Assuming that WB II funding continues according to plan (which appears likely), at least 2,500 FGP doctors will have completed their initial four month FGP retraining course by May 2005. The WB is considering a request to fund the retraining of an additional 100 FGP doctors, primarily in Osh Oblast. If WB provides this additional funding, essentially all doctors who are currently practicing as FGP doctors will have the opportunity to participate in the initial retraining course. ZdravPlus's main contribution to this has been to develop the national network of FM training centers (FMTCs) and to staff these centers with well trained FM trainers.

Over the past six months, ZdravPlus and the KSMIRCME have continued to cooperate with Project HOPE's tuberculosis team to provide TB-DOTS (directly observed treatment short course) training to FGP doctors in Naryn, Talas and all of the southern oblasts. They have also helped Project HOPE's child survival team in Jalal-Abad to provide IMCI training to FGP doctors in their pilot oblasts.

#### Continuing Medical Education (CME)

As the initial retraining process for FGP doctors is nearing completion, ZdravPlus and the KSMIRCME are placing increasing emphasis on the implementation of an effective and sustainable CME system for these doctors. The existence of the FMTC network allows for new possibilities for CME. National or oblast level training can now be implemented relatively quickly and effectively. For example, when malaria reemerged in Southern Kyrgyzstan, multiple organizations, including ZdravPlus, were able to quickly provide malaria training to all FGP doctors in the low-altitude areas of the south.

Over the next year and a half, the new system of CME for FGP doctors and nurses, which ZdravPlus helped to pilot in IKO, will be partially rolled out in all oblasts. Documents describing the CME program and the proposed implementation plan for its roll out have been submitted to the MOH for approval. The roll out will involve 920 FGP doctors in Bishkek, Chui, Batken, Jalal-Abad, Issyk-Kul, Naryn, Osh and Talas.

Compared to the old Soviet CME system, the new CME system provides more frequent and convenient access to up-to-date information about medical issues pertinent to primary care providers. The doctors in IKO, where this system has been piloted for the past two years, have provided positive feedback about the new system. Each FGP doctor attends a five-day CME seminar in their region once a year. Also, the FMTC trainers try to visit each FGP doctor once a year on-site to encourage them and to provide individualized education in the form of on-site workshops and individual study materials.

ZdravPlus and others continue to work on adapting the national health manpower database so that it can track CME credit hours for all FGP nurses and doctors. This data will eventually be used in the recertification process so that it will provide a significant incentive for FGP doctors and nurses to participate in CME. Initially, ZdravPlus provided all of the funding for this new CME system. Recently, the World Bank II Project agreed to help cover the participants' costs for attending training seminars.

Another aspect of CME is faculty development. During the past six months, many FM trainers have received additional training:

- Ten FM trainers (half from the South) participated in a three-day supplementary course linked with IMCI.
- The KSIRCME FM department finished the process of training all nurses and physician faculty members on how to implement continuous quality improvement programs in FGPs.
- The Bishkek FMTC faculty wrote and published an 800-page book of key FM lectures for use by fellow FM trainers throughout Kyrgyzstan and in the other Central Asian Republics.

### Continuous Quality Improvement

The roll out of CME is linked with a roll out of the FGP-level continuous quality improvement (CQI) program that has also been piloted in IKO. The table below summarizes the target areas for new CQI pilots throughout the country:

#### **Proposed Pilot Areas for the Expansion of FGP-Level CQI**

	<b>Bishkek</b>	<b>Chui</b>	<b>Batken</b>	<b>Jalal-Abad</b>	<b>Issyk-Kul</b>	<b>Naryn</b>	<b>Osh</b>	<b>Talas</b>
<b>Pilot Rayons or FMCs</b>	FMC 1 (FGP 1 & 2) FMC 7 (FGPs 3 & 6)	Chui, Sukaluk, Tokmok	Kadamjay, Kyzyl-Kiya, Leyliak, Batken	Bazar-kurgan, Suzak, Jalal-Abad City	All	All	Naukat, Aravan, Osh City	All
<b># FGPs</b>	4	4	4	4	Most	20*	4	5

*\*Includes all the FGPs in Jumgal Rayon, Naryn Oblast (joint project with the Swiss Red Cross to link CQI and Village Health Committees).*

The eight FGPs in IKO that started using this system initially to improve their reproductive health services have expanded their CQI focus to also include hypertension and child care. They continue to do quarterly CQI cycles of self-evaluation and improvement. This system has been especially effective in legally independent FGPs, which tend to be more flexible and innovative. However, improvements have also occurred in FGPs working within a Family Medicine Center (FMC) structure, which involves multiple FGPs sharing a common administration.

Most FGPs in IKO are now using the CQI system, at least to some degree. It is run on a voluntary basis, yet most of the FGPs have continued to use it, once they experience the benefits of improved quality and patient satisfaction. Many FGPs have been encouraged by a willingness on the part of their communities to help them address problems that they have identified through the CQI process, such as problems with their buildings.

### FM Residency Training

In July, the National FM Residency Program (FMRP) graduated its first class. A survey of graduates in November showed that, of the 42 graduates, 21 are working in Bishkek, 14 are working in other areas around the country, six are on maternity leave, and only one is unemployed. Of the 23 graduates who did their practicum in smaller towns around the country, 10 ultimately returned to those same sites after graduation to work. These findings are encouraging, since there is a growing shortage of FGP doctors in rural areas.

Unfortunately, only one graduate is currently working in the South. The FMRP coordinating counsel is considering the option of expanding the program to Osh to help address this problem. This idea is popular within the MOH, so it is likely to happen, but many details need to be worked out.

This year saw a decrease in the number and quality of new applicants. Only 21 residents are currently studying in the first year class. There are many factors contributing to this, including: (1) the end of the American International Health Alliance (AIHA) partnership (which offered a trip to the US for the top resident); (2) the uncertainties of a career in FM (low salaries, an expanding scope of service, and excessive paper work); (3) minimal exposure to clinical family medicine during medical school; and (4) the low status of the FM department of the Kyrgyz State Medical Academy (KSMA) as compared to other departments. Successful resolution of these issues will depend on the successful expansion of the health care reform process within Bishkek and the KSMA.

On the upside, with the help of ZdravPlus, a new FM training site will open soon in Bishkek. It is located opposite FMC #1 in a building that was recently given to the KSMIRCME. This should help to improve the quality of FM residency education in Bishkek.

### "Family Medicine Specialists" NGO

Family Medicine Specialists is a new NGO which involves all doctors and nurses on the FM faculty at the KSMIRCME. This fall, they elected leaders and created working groups. They recently selected a manager, who will start work in January. Ultimately, this NGO should help to sustain the FM



Department and to facilitate collaboration between the KSMIRCME and agencies promoting vertical health programs. They have already negotiated an agreement with one organization and are working on a second agreement with another organization.

### ***Family Medicine Nurse Education and Training***

#### **TOT Program**

The sixth 11-month TOT class began on September 8. This class is expected to graduate on July 23, 2004. There are 15 nurse teachers: four from Kyrgyzstan, four from Tajikistan, four from Kazakhstan and three from Uzbekistan. All are enthusiastic, are progressing at various levels and are expected to graduate successfully.

#### **FGP Nurse Retraining**

Retraining of nurses in the 384 hour, two-month curriculum is continuing in every oblast, according to the documents in the Workplan for Nurses, Dec. 2003 – May 2005. Contrary to the statement in the January-June six-month report, FGP nurse retraining is continuing in Karakol until December of 2004.

#### **Continuing Nurse Education (CNE)**

The first CNE program was successfully conducted in Karakol in October 2003. The first two days were spent on CQI. Various speakers gave presentations and led discussions on the CQI process, its benefits and how to do it. The last three days were spent on clinical subjects—nursing care of patients with hypertension, asthma, pneumonia, diabetes, goiter and diarrhea. There was an excellent discussion and some good questions on the nurse's role in the care and teaching of patients and their families. It is hoped to incorporate nursing care guidelines, evidence-based practice and more hands-on skills training in future CNE seminars.

#### **Continuous Quality Improvement (CQI)**

CQI sessions were held in various locations according to the work plan prepared for the medical CQI program. Doctors and nurses will work together as a team to accomplish this.

### ***Other Activities of the Family Nurse Training Program***

#### **Development of Nursing Literature**

2,700 copies of *Fundamentals of Family Nursing* have been distributed. There has been a very good response to the book, as had been hoped, given the absence of nursing texts in Russian. Already, there have been requests from three nursing schools for an additional 700 copies. There are indications that the medical *uchilisches* may be willing to finance the reprinting of Volume 1, at cost. If this is so, then slight revisions could be made and it could be reprinted as Volume 1 *Fundamentals of Family Medicine Nursing—General Concepts of Nursing*.

There have been expressions of interest in the development of Volume 2, *Medical-Surgical Nursing* and work progresses on Volume 2, which is planned to be published in summer 2004, for use in the 2004-2005 academic year.

#### **Development of Nursing Guidelines**

In response to a request from the MOH, two nursing faculty from the TOT are working together with FGPA nursing staff to develop clinical guidelines for five pulmonary diseases. If they are of sufficient quality, they will be included in the section of pulmonary diseases in *Medical-Surgical Nursing*.

#### **Faculty Development**

The TOT faculty members have continued to work to improve their official qualifications. One of them has just received a diploma from the Arabaeva University in ecology, and three of the alumnae teaching in the affiliate centers have received university diplomas. All alumnae who are in teaching positions have graduated or are well on their way to completing their university education.

The second three-week program of further training for the faculty of various nursing schools was well received. The alumnae of this program received *Fundamentals of Family Nursing* and other materials and reported that they are incorporating much of the new material into the regular programs in their nursing schools. The next three-week program is scheduled for March 2004. The candidates have been selected by the Dean of Nursing at the Postgraduate Institute.

Various faculty members have been trained on CQI, “social patronage” Community-Home Health nursing, TB-DOTS and the Finnish Lung programs. Two will participate in Asian Development Bank’s (ADB) IMCI training in March-April 2004 and will then be involved in teaching the 11-day course to feldshers.

## ***Reproductive Health***

### **Family Medicine Training for FGP Doctors and Nurses**

The core of ZdravPlus’s Reproductive Health (RH) strategy remains the training of FGP doctors and nurses in family planning through FMTCs. Many hundreds of PHC workers are being trained each year, contributing to the improved quality of RH services.

Family planning training is included in phase II of Family Medicine physician education and training. Starting in July 2003, phase II training was held in Bishkek, Chui, Batken, Osh, Jalal-Abad, Naryn and Talas FMTCs and 393 FGP doctors were trained. The average test scores of these doctors went from 68.3 percent before the training to 90 percent afterwards.

In the past six months, FMTCs provided contraceptive update training courses for 518 nurses from Bishkek City and from Chui, Jalal-Abad, Issyk-Kul, Naryn, Batken, Osh and Talas oblasts. The average test scores of these nurses went from 66.5 percent before the training to 85.5 percent afterwards.

### **IUD Training for Midwives**

The original pilot project to train midwives to provide IUD services in Bazar-Korgon rayon in Jalal-Abad continues and the report on the results of the project has been completed. The project is being replicated elsewhere, but still with careful controls to monitor the activity and protect the safety of women.

At the request of the MOH, the Bazar-Korgon pilot was extended to Suzak rayon in Jalal-Abad, with training launched in June for 25 midwives from FAPs in particularly remote rural areas, where there are no doctors. The average test scores of the midwives went from 52 percent before the training (both courses) to 75-80 percent afterwards. Since this was prior to the receipt of the USAID-donated contraceptives, agreement was reached with UNFPA and the MOH Contraceptives Commission to provide all four methods to Suzak rayon, including 1,500 IUDs. As the major problem in Bazar-Korgon had been the lack of gloves and disinfectants, small quantities of these were also purchased for the midwives’ clinics.

The start of the new pilot was combined with an information campaign conducted by the Jalal-Abad Health Promotion Center and the Oblast Center for Human Reproductive Health Care. They met with health workers in Suzak rayon, appeared on local TV and radio stations and wrote articles for the local press.

As last year, the safety of clients remains the highest priority. After the theoretical training, each midwife had an opportunity to insert five or six IUDs for real clients during practical sessions, under the supervision of trainers, to ensure that their skills were sufficient. Follow-up visits to the midwives to support and assess their clinical skills have already started, along with client interviews to ensure that there were no cases of serious problems that were unknown to the midwives.

Collaboration between ZdravPlus and the Kyrgyz-Swiss Health Reform Support Project was launched in November, aimed at expanding the availability of reproductive health services in rural areas, while also demonstrating that midwives can provide high quality care including clinical

procedures. Thirteen midwives from Aktalaa rayon were trained to provide RH services, including clinical skills on IUD insertion/removal. ZdravPlus is providing injectables and oral contraceptives, while the United Nations Population Fund (UNFPA) is providing IUDs and condoms. ZdravPlus also purchased a few instruments needed for IUD insertion and removal, so all midwives have the equivalent of a full IUD kit.

The project will be evaluated at the end of six months, using the same tools as in Jalal-Abad: a) assessment of midwives' skills during follow-up visits to them at their work sites; and b) using skills check-lists and client interviews to ascertain their satisfaction with the midwives' services, whether they received key information, and whether or not they had problems with their IUD.

#### Other

- 1,000 copies of the JHPIEGO manual were printed for distribution to FGPs.
- ZdravPlus worked with the FGPA on the receipt of USAID-donated contraceptives in-country and distribution to FMCs in Issyk-Kul and Jalal-Abad Oblasts. One year's stock has now been distributed.

### ***Infectious Diseases***

#### Sexually Transmitted Infections (STIs)

The results of the Tokmok and Jalal-Abad STI pilot programs were formally presented to the Ministry of Health in October by the two primary implementing partners, the Family Group Practice Association (FGPA) and ZdravPlus. The overall response was quite positive. Dr. Mambetov K.B., director of the Central Administrative Board for Medical Care and Licensing of the MOH, authorized the formation of a committee to expand the program nationwide. The next phase calls for training of FGP doctors in one or two rayons in each oblast in syndromic case management of the most common STIs.

Separate reports on the Tokmok and Jalal-Abad STI pilot programs were prepared and submitted to the MOH and to the co-funding organizations: the Soros Foundation and WHO/Euro STI Task Force. In addition, a written summary and recommendations for a national STI treatment and prevention program was also developed and submitted to the MOH to help them in their deliberations about expansion of the program. A combined version of the three documents was prepared as the official ZdravPlus report and is almost ready for distribution.

Several meetings with CitiHope International officials took place regarding the provision of medications for the national STI program. CitiHope expressed optimism that they could provide most, if not all medications needed, but this remains to be confirmed. A Training Activity Request Form (TARF) for the Academy for Educational Development (AED) co-funding for training FGP doctors and trainers for the next phase of the planned national STI program expansion was submitted.

In November, discussions took place at USAID in Almaty regarding one recommendation from the Tokmok/Jalal-Abad experience: the integration of STI and HIV/AIDS surveillance. This should be more efficient and effective, and benefit both efforts, which are now largely separate.

### ***IMCI***

ZdravPlus provided technical assistance for an IMCI training course that took place in summer in Karakol for Family Medicine physicians in Tup rayon. The training included practicum in the pediatric department of IKO hospital. During subsequent monitoring visits in Tup and Jety-Oguz, a number of problems were identified, such as incorrect understanding and implementation of the IMCI algorithms and improper recording of drugs. Following the monitoring, an IMCI conference was organized in Tup rayon to develop strategies to address the problems.

### ***EBM and CPG Development***

The MOH has developed many clinical protocols, but not all of them are evidence-based. To ensure that model clinical practice guidelines (CPGs) are developed, as well as to build support for evidence-based medicine (EBM) in medical leadership circles, and begin to shift responsibility for CPGs from the MOH to professional associations, ZdravPlus has reached agreements with four key specialized associations for the collaborative development of CPGs. The associations involved represent 1) therapists/internists; 2) pediatricians; 3) obstetrician-gynecologists and neonatologists; and 4) surgeons. The members of the four associations will be responsible for drafting CPGs on topics identified by FGP doctors as those most often encountered at the primary care level. The project will provide a computer with internet access to each association, as well as a consultant to teach them about EMB.

### ***Medical Accreditation Commission (MAC)***

Over the last six months, the Medical Accreditation Commission (MAC) worked to change its legal status to be more independent from the MOH. Rather than only the MOH as a founder, three other organizations were added as founders – the FGPA, the Organization of Health Care Organizations in Kyrgyzstan, and the Alliance of Patient Rights Protection. The MOH has approved this change with its increased independence and delegation of the function of accreditation. All paperwork has been submitted to the Ministry of Justice.

MAC is continuing to refine and improve the accreditation process. A major aspect of this is solidifying the facility self-assessment—an important improvement that involves the facility in the process, creates ownership and also increases the efficiency and sustainability of the process. Over the last six months, the commission focused on health facilities in Chui Oblast and South Kyrgyzstan. In 2003, MAC had 36 health providers apply for accreditation, surveyed all 36, and accredited 25 with the remainder pending under the Supervisory Board.

### ***Development of a National Quality Improvement Strategy***

ZdravPlus is helping to support the development of a comprehensive strategy for improving the quality of care in Kyrgyzstan. Since the national Issyk-Kul conference in May 2003, the Regional Quality of Care Director visited Kyrgyzstan twice to provide technical assistance to this activity, while local ZdravPlus staff worked jointly with the WB-funded project on a day-to-day basis to coordinate inputs.

During the past six months, four results were achieved:

- The overall conceptual framework for quality improvement has been accepted by key stakeholders.
- A group of senior decision-makers is working on the concept paper for a national quality improvement policy. The draft is being reviewed by the Ministry of Health for approval, before submission to the Government.
- Thematic groups are meeting on the different components of the conceptual framework and the development of operational plans for the implementation of the strategy. This work is still in progress.
- Through participation in the WB-project mid-term review, the Regional Quality of Care Director contributed to increasing the consistency and coordination of activities around the conceptual framework. The latter is endorsed by the WB and recognized as a unifying strategy for all partners.

Although work has been slow, progress is steady and the strategy should be approved by the Government by March 2004. By that date, operational plans should be sufficiently developed to allow stakeholders to start (or increase) the implementation of specific activities.

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## **Improving Resource Use**

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### ***Single-Payer and Provider Payment Systems***

ZdravPlus continued to provide technical assistance and training to support the HIF and other stakeholders in operations and monitoring of the Single-Payer system in Issyk-Kul, Chui, Naryn, and Talas Oblasts. Expansion of the Single-Payer system to South Kyrgyzstan is ongoing. Implementation of pooling, provider payment systems, and other technical elements continued in Batken and Jalal-Abad Oblasts, supported by intensive training from ZdravPlus. Starting July 1, 2003, formal copayments were introduced in Batken and Jalal-Abad Oblasts and Bishkek City with technical assistance from ZdravPlus.

Methodological development and training for local government and health facilities was provided in Osh Oblast. Pooling and provider payment systems moved forward gradually although formalized copayments will be introduced later. In Osh, implementation was delayed due to the proposal from the Mayor of Osh to establish a separate HIF for Osh City given that the city is now a separate administrative unit in Kyrgyzstan. The MOH and HIF did not support this proposal since it would have compromised the principles of the Single-Payer system as funds would not have been pooled and equity for vulnerable Osh Oblast rural populations reduced. In subsequent discussions, MOH reached an agreement with the Mayor of Osh to proceed with the establishment of a single Osh HIF and to establish a Single-Payer pooling of funds.

Implementation efforts intensified in Bishkek City focusing on establishing the institutional structure, continuing to address how to pool the republican and city funds, and facility-level development. Significant facility level training was provided and, somewhat surprisingly, management capacity in Bishkek is not much greater than the oblasts and substantial capacity-building is required to adapt to the new financing methods. The regulation establishing the Bishkek Territorial Department of the HIF and introducing the Bishkek Single-Payer system was approved July 1, 2003. The full implementation of the single payer system is still contingent on the development of a mechanism to pool Republican and City funds within the Bishkek City HIF. This is in process, but not yet resolved.

Over the last six months, ZdravPlus provided extensive technical assistance for the development of various methodologies and products to support implementation and refinement of the Single-Payer system. Examples include:

- ZdravPlus contributed to budget formation using the new methodology focusing on health services rather than health buildings.
- Technical and methodological development continued on a range of topics including refining the capitated rate payment system, accounting for co-payments, etc.
- The needs of the health sector in financial assets and the value of the State Benefits Package for the year 2004 were estimated.
- Manuals were developed for the formation and execution of the state budget on health under the single-payer system and copayments.

### ***Health Delivery System and Human Resources***

The donor collaboration on addressing the issues with narrow specialists in Family Medicine Centers intensified. The World Bank has made it a priority and the Swiss Project funded a consultant to

analyze the situation. Planning is in process and ZdravPlus will continue to collaborate to develop and implement a strategy.

ZdravPlus continued its collaboration with DFID on Human Resources. The synergies are growing and as an example, DFID is framing their activities to connect to productivity the new salary payment system set-up under the single-payer system. The project will be extended and ZdravPlus discussed and agreed in principle that one of the major focuses will be the PHC salary payment system especially given the increased workload from expanding PHC and integrating vertical programs such as STIs. ZdravPlus continued to support implementation of the human resources database as its main contribution to the human resources collaboration. The Human Resources database was converted from MS Access into SQL server, making the process of sharing data easier and more effective. The Human Resources Database is now complete, including a revised and adopted list of medical positions for doctors and nurses, and reference books have been approved. The data collection software for testing at Polyclinic #1 and City Hospital #1 in Bishkek City was installed in November of 2003 and operators were trained in working with the database.

### ***Health Information Systems***

Health Information Systems (HIS) work continues to support the system of health financing and improvement of the quality of data being collected and used for purposes such as health statistics, quality assessment of health services, and monitoring and evaluation. ZdravPlus continues to participate in the overall conceptual and strategy development for HIS. In general, the development, implementation, refinement, and connection of the various HIS components continue to progress according to plan. The hospital clinical information system is fully operational. The facility reference database and population database are on track and continuously being refined. The outpatient clinical information system presents problems due to the sheer volume of data and the capacity of outpatient facilities; however, the HIS Team are making progress in addressing this issue. The Additional Drug Package database is functioning. Three examples of specific ZdravPlus technical assistance over the last six months include:

- Revision of the hospital clinical information system for the refined payment system.
- Technical assistance to HIF staff responsible for operation of a reference database that uses the same codes for all medical facilities to provide consistency in analysis and reporting.
- Technical assistance in the development of an information system that will transfer updates from the Social Fund database and keep track of insurance payments from employers. These updates will be sent to data entry centers in hospitals and to each medical information center (MIC).

The Health Information Center and Statistics Department supported by ZdravPlus are providing training in improving the use and analysis of data. For example, seminars on IDC-10 (International Diseases Code) for the National Statistical Committee specialists and doctors-psychiatrists from the oblasts were held in June. ZdravPlus also continued to provide technical assistance and training at the oblast level to develop, implement, and refine the HISs.

The Central Information Portal is currently linked to the Health Insurance Fund, Medical Information Center, and Health Reform Department through a high speed DSL connection. The Ministry of Health is also connected on a slower line. Current capacity of the Portal remains limited as available information must be limited to file data on Access format. Websites have been created for the Ministry of Health, Health Insurance Fund, and Pharmaceuticals Department. These websites were designed to be user-friendly, and to enable website managers to easily update, expand, and delete content on the site as necessary. ZdravPlus has provided technical assistance in the overall structure and connectivity of the HIS and the development of websites.

The development of software to integrate and link databases on a unified format continues to progress. The population database has been linked with the Outpatient Clinical Information System.

The software that has been successfully tested in Polyclinic #5 in Bishkek City has been introduced at all FMCs in Bishkek City with data-entry currently underway. Continued work is needed for the further integration and linkage of the various databases. For example, the Additional Drug Package database should be linked with the hospital clinical information system and the population and outpatient clinical information system databases. Continuous update of various collection forms for data entry is necessary and ongoing to assist in further integration of databases. The HIS Team continues to address and improve linking the different geographic levels and programmatic components and specific technical recommendations discussed should be implemented.

Finally, ZdravPlus initiated a technical collaboration with CitiHope International as they move forward with their plans to donate drugs to meet both short-term needs and enhance the long-term HIF outpatient drug benefits. The collaboration focuses on health information systems, especially allowing monitoring through the hospital information system. ZdravPlus met with CitiHope to discuss database information pertaining to diagnoses and surgical procedures.

### ***Health Management Courses***

From September to October, the fourth module for 12 health leaders from Family Medicine Centers, Rayon Hospitals and Oblast Health Insurance Funds from all oblasts was conducted. In November, the fifth module of the Quality of HealthCare training for 12 oblast and rayon chief physicians from the Family Medicine Centers and Territorial Hospitals, as well as for the oblast HIF directors, was completed. In total, 24 oblast and rayon level health leaders passed through the Health Management Courses.

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## **Improving Legislative, Regulatory and Policy Framework**

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### ***World Bank Mid-Term Review***

ZdravPlus contributed extensive support to the World Bank Mid-Term Review Mission in November. George Purvis supported Health Delivery Systems; Bruno Bouchet focused on Quality Improvement; Simon Smith – Health Information Systems; STLI Family Medicine; and Sheila O'Dougherty – Health Policy and Financing. Overall, project progress is good and plan refinements and budget reallocations support the WB and USAID/ZdravPlus collaboration, including budget reallocations to solve the FM training funding shortfall due to a change in the national per diem policy.

During the 2004 budget formation process, a problem with funding health emerged which peaked during the WB mission. The MOF wanted to reduce health funding in the 2004 budget. The reason behind the MOF's proposed reduction is not clear, although factors such as the continued poor economic situation, viewing formalized population copayments as "new money," and punishing the reforms for their success by transferring funds to the unreformed education sector definitely played a part. Specific issues included reducing categorical grants for health (to reallocate to education) and reductions in Republican budget funding for health insurance for children and pensioners. While approved reductions for 2004 are not catastrophic, the health sector remains significantly underfunded.

### ***Legal Framework***

Over the last six months, substantial progress was made in the development of the permanent legal framework for health reforms. During piloting and initial stages of roll out, the reforms had relied on a temporary legal framework consisting largely of numerous Presidential, Governmental, and MOH Decrees. The permanent legal framework consists of six elements. Three of the elements, the Single-Payer Law, Amendments to the Law on Health Insurance, and Health Reform Concept were approved by the Parliament last summer. Approval of these three Concepts/Laws should solidify the long-term Single-Payer institutional structure of the health sector. This fall, intensive discussions were held by the Parliament on the remaining three laws -- Law on Health Protection, Law on Health

Organizations, and Law on Guaranteed Benefits Package. ZdravPlus provided policy and legal assistance to the MOH and HIF to prepare information to support the Parliament discussions.

In addition, ZdravPlus provided extensive technical assistance to the MOH and HIF on a number of legal and regulatory documents, including:

- Draft of the Standard Regulations on the Territorial HIF;
- Draft of the Regulations on the Territorial HIF of Osh and Osh Oblast and Draft of the Founding Agreement on establishing Territorial HIF in Osh and Osh Oblast;
- Functional Analysis of the MOH;
- Proposals on the Draft Regulations of Naryn Oblast Blood Center; and
- Draft of the KR Decree and Regulations on Interdepartmental Committee on Medical and Pharmaceutical Higher Education.

### ***Policy Analysis, Monitoring and Evaluation, and Research***

ZdravPlus continued to collaborate with the WHO Policy Analysis Project, the HIF, and other Kyrgyz stakeholders to develop policy analysis, monitoring and evaluation, and applied research. An example discussed in the Quality Component is the medical audit. The major applied research study initiated over the last six months is ZdravPlus (Boston University) planning a study of the impact of the Additional Drug Package on outpatient care. This study will provide important evidence on whether drug availability is enhancing utilization of PHC.

### ***Policy Marketing and Public Relationships***

ZdravPlus continues to support the MOH Press Center located in the HIF. The Press Center was very active in public relationships over the last six months. Examples include:

- Provided information to mass media on the typhoid situation in Batken and Jalal-Abad Oblasts.
- Dissemination of press release of the State Sanitary Control Service on typhoid.
- Preparation and dissemination of press-release on co-payment introduction in Osh.
- Preparation and dissemination of press-release on conducting “Let’s Create a Healthy Family” Campaign (jointly with the National Health Promotion Center, ZdravPlus/USAID, and UNFPA).
- Production of a documentary film titled, “The Times of Reform” on results of the introduction of the new payment methods, copayment, and State Benefits Package in Kyrgyzstan.

An example of a major policy marketing activity is related to copayments. Following the introduction of the Single-Payer system and copayment in Jalal-Abad and Batken Oblasts and Bishkek City, a press-conference was held for journalists in Bishkek City and a round table in Jalal-Abad City was held for journalists from Jalal-Abad and Batken Oblasts. A number of articles and TV programs were dedicated to the State Benefits Package, patient rights, and the copayment system to better inform the population of their rights and responsibilities. A summer intern from Emory University worked closely with the HIF, FGPA, MOH Press Center, and ZdravPlus specialists to develop policy marketing strategy on copayments. In this regard, general information for the broad population has been developed. The framework of this plan considers three major channels for dissemination of information: 1) media; 2) NGOs and communities; and 3) primary care facilities including FGPs and Health Promotion Centers.



### ***Sanitary and Epidemiological Services (SES) Reform***

SES financing reform began in earnest in October and November. It is almost impossible for major restructuring of the SES to occur without changing the budget formation and funding process to enable reinvestment of savings. ZdravPlus funded consultants to analyze the SES budget and develop recommendations related to SES financing.

As Kyrgyzstan became a member of the World Trade Organization (WTO), the Head of the SES Department expressed the need to adopt Code Alimentarius, which comprises international voluntary standards on food. ZdravPlus provided 174 standards (out of 214) in Russian.

**UZBEKISTAN**  
**Six-Month Report**  
**July – December 2003**

**COUNTRY SUMMARY BY PILOT SITE**

***Ferghana***

ZdravPlus continues to concentrate and pilot all new projects in Ferghana Oblast but has been expanding its programs to several new oblasts by request from the Ministry of Health. At the same time, ZdravPlus has been working closely with partners and donors to improve the results of health reforms.

Under the population involvement component, ZdravPlus scaled down its work on developing new health promotion campaigns and concentrated its resources on re-running previous campaigns such as anemia and acute respiratory infections. However, a new campaign on family planning was conducted and preparatory work for a breastfeeding campaign has almost been completed. The campaigns have been focused on Ferghana Oblast, but for the first time expanded to neighboring Andijon – increasing coverage from over one million people to over two million.

Trainings were held to educate health center staff on conducting small group discussions for the population on different health topics. The centers have held discussion groups on breastfeeding, TB, hepatitis and AIDS in recent months. Health Centers and SVPs in Ferghana and Andijon received a manual containing guidelines and lesson plans on a variety of topics such as hygiene, IMCI, anemia, and hypertension. The trainings and manual are to encourage health workers to become more involved in their communities. The trainings have worked toward improving the relationship between SVPs and health centers and their communities. In both Ferghana and Andijon, health centers and SVPs are taking the initiative in producing health promotion campaigns.

During the last year, ZdravPlus has worked with the NGO Café on developing and piloting a school health curriculum. Recently, the Ministry of Education approved the curriculum for grades 1-8 as the national school health education program. The curriculum has been piloted in Ferghana and Andijon thus far, but has been so popular that the Ferghana Education Department has offered to help fund the program in other regions of Uzbekistan.

Last year, the NGO grant program began in Ferghana Oblast but has now expanded nationwide. Ten awards were granted last August to NGOs in several oblasts. The first round resulted in thirteen awards to NGOs in Ferghana Oblast. All grantees receive ongoing technical assistance from ZdravPlus.

The Quality Improvement Component has continued to focus on Ferghana with attempts to roll out the programs into other oblasts and institutionalize the medical training.

ZdravPlus is working with a committee and the GP training centers to develop and approve a standard GP core curriculum. This will enable each center to teach the same materials and establish a national program that can be used throughout the country and be incorporated into undergraduate programs.

The budding GP association published its first bulletin and distributed it to 3,000 doctors. ZdravPlus continues to provide technical assistance for the publication and direct its use for continuing medical education in the rayons.

Over the last six months, ZdravPlus has concentrated on institutionalization of its health modules including: Reproductive Health, IMCI, Anemia and Rational Nutrition, and Interpersonal Communication Skills. These courses will be taught at the post-graduate level, within the 10-month

GP training. ZdravPlus began its revised course on hypertension and will link this with the evidenced-based medicine center and promote the new information in the next GP bulletin.

Evaluation of the 352 nurses trained in Ferghana Oblast found that more knowledgeable and confident nurses resulted in better care of the patient. Doctors also responded with praise noting an improvement in the work environment. Nurse coordinators continue to meet on a monthly basis and train and monitor the nurses in their catchment area. In addition, 76 midwives from Beshariq, Quva and Toshloq were trained on prenatal skills and baby wellness.

The ZdravPlus Quality Improvement (QI) team continues to work on QI in three rayons of Ferghana Oblast: Quva, Yozyovon, and Toshloq (three pilot SVPs in each rayon, total of nine SVPs). The SVPs have just completed one year of the program, involving monitoring their performance against clinical standards. The results on anemia, hypertension and IMCI were encouraging. This is only the first step, and ZdravPlus will continue to work with the QIPs and the oblast health department.

Over the last six months, ZdravPlus has established an Evidenced Based Medicine Center in Tashkent that is currently developing the clinical guidelines for the pilot projects. To improve quality management at the republican level, ZdravPlus has been actively involved in presentations and discussions with the republican working group on quality.

Although Ferghana Oblast continues to be the primary pilot site for ZdravPlus in Uzbekistan, activities of the Project, especially on supporting improved resource use by the PHC facilities through financing and management reforms, are now expanded to seven out of 13 regions of the country. The overall focus of the activities undertaken by the Resource Use component in Ferghana was to: (i) consolidate further and sustain the rural PHC financing and management (F&M) reform processes already implemented in the three original “experimental” rayons (Beshariq, Quva and Yozyovon) and three formerly “control” rayons (Furqat, Okhunboboyev, Toshloq) included into the pilot last year; (ii) implement roll-out of the rural PHC F&M reform model to the remaining 10 rayons to complete an oblast-wide replication (Dangara, Quvasoy, Olti Ariq, Uzbekiston, Buvayda, Ferghana, Uchkuprik, Baghdad, Rishtan and Soh); (iii) continue to improve the knowledge and skills of the PHC managers; (iv) provide TA in setting-up the computer centers and population databases in the new pilot rayons; (v) initiate new pilots on urban PHC reform and new payment mechanisms for the hospitals; and (vi) continue to collaborate with related authorities so that they take ownership of the reform process.

The Oblast Hokimiyat and Health Department were much more supportive and committed to complete the roll-out of PHC F&M reforms to all rural areas within the oblast by this year. With the inclusion of the last three rayons (Baghdad, Rishtan and Soh) in October, currently all 16 rayons in Ferghana are covered by the F&M reforms. Therefore, now we have an oblast-wide coverage of the rural PHC F&M reforms in Ferghana. If, by the end of last year, 23 percent of the population of Ferghana Oblast were covered by the rural PHC F&M reforms, now this coverage stands at 66 percent. Success of the rural PHC reform model in Ferghana has prompted the Uzbek government to decide on an additional roll-out to selected rayons in Khorezm Oblast and the Republic of Karakalpakstan within the ongoing World Bank-funded Health Project, and plan for a nationwide replication within the follow-on World Bank loan Project Health II.

Another significant development that took place during the reporting period was an initiation of the preparatory work on an urban PHC pilot in Marghilon City according to a model agreed upon with the city joint working group and Ferghana Oblast Health Department. Also, the computerized hospital information system planned to pilot in two central rayon hospitals in Ferghana has been reviewed by RIAC/MOH and approved for implementation. This work on a hospital information system is an important stepping stone to subsequent pilots on new financing systems for the hospitals. ZdravPlus’ new initiatives on urban PHC and hospital systems were accepted by World Bank and Asian Development consultants designing the respective health projects as the next logical step towards extension of the current reform work on rural PHC to new levels of the health care system in Uzbekistan.

### ***Navoiy and Sirdaryo***

In Navoiy and Sirdaryo Oblasts, the Resource Use activities were focused on: (i) further refinement of health financing and management reforms in the initial pilot rayons; (ii) continuation of capacity building of the new and existing financial managers and head doctors of the PHC facilities; (iii) implementation of additional roll-out of F&M reforms to the last five rayons to complete the oblast-level replications; and (iv) improve collaboration with the local authorities. Allocations to the PHC sector increased during the reporting year and were distributed among the pilot PHC facilities on the basis of capitated normatives adjusted for sex, age and size of the catchment populations. In both of these oblasts, the local Hokimiyats and the Health Departments demonstrated increased support and commitment to the reform initiatives. As of now, all 18 rayons in these two oblasts have been entirely brought under the F&M reforms, implying the completion of an oblast-wide coverage in these pilot regions as well.

### ***Andijon and Surkhandaryo***

Preparatory activities to roll-out the rural PHC reforms to three rayons each in Andijon (Boz, Ulugnor and Hadjabod Rayons) and Surkhandaryo (Termez, Murzaobod and Djarkurgan Rayons) Oblasts during the reporting period included study tours of the oblast and rayon managers to Ferghana to review and learn F&M reform experiences on the ground, implementation-review meetings with the oblast-level joint working groups, and participatory workshops on analysis of the PHC financing and expenditure trends. Preliminary analysis of rayon-wise financial data for 2002 were completed and reviewed, and plans developed for similar collection and analyses of 2003 factual data to decide on the allocations for rural PHC. Based on this, the capitation rates will be calculated for implementing a per capita financing system from 2004. The local policy-makers and managers are very enthusiastic about the expansion of rural PHC F&M reforms in their oblasts.

Over the last six months, clinical training courses have started in these oblasts with forty doctors completing the 10-month GP retraining course. In Andijon, several small clinical trainings have been held for doctors as well as a clinical skills and adult learning techniques training for 18 nurse coordinators. The nurse coordinator is responsible for training the community nurses in the rayon. This position will soon be established in Surkhandaryo.

### ***Khorezm and Karakalpakstan***

In response to a formal request from the MOH for TA in rolling out F&M reforms to selected rayons in two additional pilot regions within the ongoing Health Project, ZdravPlus has initiated preparatory activities in July to these two new sites. In order to implement new financing and management systems for rural PHC facilities from January 2004, all needed preparatory activities were initiated in collaboration with the Central Project Implementation Bureau (CPIB) of the Health Project. Orientation seminars on the reform strategies for oblast and rayon managers, collection and analyses of financial data on PHC expenditures, and selection of pilot sites in these two new regions have been accomplished. The three pilot rayons chosen for Khorezm Oblast are Urgench, Khiva and Kushkupur and those in the Republic of Karakalpakstan are Hodjeyli, Amudaryo and Turtkul.

ZdravPlus will expand clinical activities to this area with visits from GP trainers to the new GP training centers.

### ***Collaboration with the World Bank and Asian Development Bank***

The period from October to December was a particularly busy one for ZdravPlus team leaders who were involved in countless meetings with numerous World Bank and Asian Development Bank (ADB) consultants. This helped guide both Banks' project design teams, as they formulated their ideas and endeavored to cooperate with each other. A number of interesting ideas have come about as a result of ZdravPlus' input, which may feed into both Banks' future plans. These include: integrating health reform into the ADB's Women and Child Development Project; expanding health

reforms to the hospital level; supporting an Evidence-Based Medicine Center; introducing quality improvement strategies into training modules at every level; developing guidelines and replicating quality improvement projects on maternal and child health topics; developing rayon level medical educational training centers; redefining the role of the TIAME as a center for training of trainers rather than front-line doctors; and expanding the role of nurses.

## **SUMMARY OF IR ACTIVITIES**

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### **Population Involvement**

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Over the past six months, ZdravPlus' population involvement activities have continued to focus both on educating the population about health and on empowering people to be more proactive in healthcare decision-making for themselves, their families and their communities.

ZdravPlus has continued to implement health promotion campaigns using multiple avenues to disseminate key health messages and is getting satisfactory results. And building on an intense round of Interpersonal Communications Skills training earlier this year, this curriculum is now being integrated into GP training. In an important development, the grade 1-8 school health curriculum, piloted by ZdravPlus in Ferghana, was approved by the Ministry of Education as the national school health curriculum for those grades. In addition, ZdravPlus staff has continued to provide trainings for health center staff in Ferghana and Andijon Oblasts on a number of health topics and has developed a community education manual for use by health centers and others.

NGOs continue to serve as the backbone of the project's population empowerment activities and interest in the Healthy Communities Grant Program is intense countrywide. Ferghana NGOs are now coalescing into a powerful force for public education and have been very active on HIV/AIDS issues. ZdravPlus' activities to market the reforms have moved more slowly than planned, but are progressing, along with efforts to develop a patients' Bill of Rights.

### ***Health Promotion Campaigns***

Having produced four major health promotion campaigns in the last couple of years, ZdravPlus is slowing down the development of new campaigns in favor of re-running existing campaigns, with some modifications, to better achieve the desired communications objectives. Thus, the campaigns on anemia and acute respiratory infections were revived, with some updated TV and radio spots. Building on ZdravPlus' expansion of its health promotion work into Andijon Oblast, the head of the Andijon Institute on Health has played a key role in involving Andijon media into the campaigns. As a result, while prior campaigns were estimated to reach somewhat more than one million people, the expansion into Andijon means that over two million people are exposed to the campaigns.

During the six weeks of the anemia campaign, the soap opera "Simple Truth" was shown on three TV stations each in Ferghana and Andijon more than 20 times and ZdravPlus was also able to secure 900 minutes of airtime for six TV Spots and about 200 minutes for radio spots. Two oblast-level newspapers in Ferghana issued six informative articles on anemia.

The re-run of the ARI campaign, currently in progress, features three new TV and radio spots addressing key IMCI danger signs. These were developed based on the results of the 2002 KAP survey which revealed that knowledge of IMCI danger signs remained relatively low after the campaign. During the campaign the TV materials will be broadcast on four local TV stations and the radio spots will run on two radio stations in Ferghana and Andijon.

Work continued to finalize the health promotion campaign on breastfeeding. Although scripts for a two part soap opera called "Firstling," four TV and radio spots, newspaper articles, print advertisements, a brochure and poster on breastfeeding, and a flyer and poster on proper attachment were created, the campaign had to be put on hold due to the changed status of ZdravPlus' advertising

agency and the need to renegotiate the subcontract with them. Production of the video and audio materials is now in progress and it is expected that the campaign will be launched in early spring in both Ferghana and Andijon Oblasts. All print materials have been produced and are ready for distribution.

The best results were obtained with the family planning campaign mounted in the first half of 2003. There were significant increases in knowledge of the different methods of contraception—particularly methods other than the IUD—as envisioned in the campaign objectives (see table below).

#### **Percent of Ferghana Respondents Who Had Heard About Selected Contraceptive Methods**

	<b>2002</b>	<b>2003</b>
<b>IUD</b>	75	79
<b>Pills</b>	34	52
<b>Injectables</b>	22	35
<b>Condoms</b>	17	35

In addition, there were increases in the percentage of the population reporting that hormonal methods of contraception are safe, with 21 percent reporting that oral contraceptives are safe, compared to 17 percent in 2002 and nine percent reporting that injectables are safe, compared to six percent in 2002. Sixty-six percent of the sample in Ferghana in 2003 reported that the decision to use family planning is the couples' responsibility as compared to 60 percent a year earlier.

On child health, in general, the KAP survey showed improved public knowledge as compared to 2001, but some areas dropped relative to 2002. This is not surprising, since there was a strong emphasis on child health campaigns in 2002 and not in 2003, and IMCI training also slowed down in 2003. For example:

- The percentage of the population reporting that a child with diarrhea should be given increased liquids was 63 in 2001, 81 in 2002 and 72 in 2003.
- The percentage reporting that a child with diarrhea should be given the usual amount of food was 8 percent in 2001, 30 percent in 2002 and 29 percent in 2003.

The percent of the target population reporting that a child should be seen by a health worker for a number of danger signs was lower across all options in 2003 compared to 2002, except if the child continues to get sick: diarrhea with blood was 22 percent in 2003 versus 31 percent in 2002; inability to drink was three percent versus nine percent in 2002; cough or cold with difficulty breathing or rapid breathing was 18 percent versus 22 percent in 2002; high temperature was 84 percent versus 86 percent in 2002; breastfeeding poorly was eight percent versus 11 percent in 2002; and continuing to get sicker was 51 percent versus 34 percent in 2002.

#### **Interpersonal Communication Skills (IPCS)**

IPCS training has been recognized as very valuable by service providers and health educators in Uzbekistan. After conducting IPCS training for front-line health workers in the first half of 2003, the emphasis in the second half of the year shifted to institutionalizing the course in the 10-month GP training. A training of GP trainers from TASHMIs I and II and TIAME was held, followed by courses for 38 GP trainers from medical institutes in Andijon, Tashkent, Samarkand and Bukhoro. In addition, 24 nurses in Andijon were trained in adult learning theory, using the adult learning section of the IPCS program.

#### **Health Centers and SVPs**

ZdravPlus has continued to work closely with health centers in Ferghana and Andijon Oblasts, providing short monthly training courses to build the health education staff's skills in conducting "community health conversations" and other health promotion activities. With the assistance of an intern from Boston University over the summer, ZdravPlus developed a manual for community

health education which compiles instructional modules ZdravPlus has conducted for health centers in recent years. The manual includes guidelines and session plans on health topics including hygiene, IMCI, breastfeeding, anemia, hypertension, TB, HIV/AIDS and STIs, among others. The manual was presented to Ferghana and Andijon Oblasts in December 2003 and it is hoped that it will help health centers, SVPs and other health educators be more active in working with their communities.

Since July 2003, the health centers have organized community conversations on breastfeeding, TB, hepatitis and AIDS. Typically, each of the health centers conducted three community conversations in coordination with SVP doctors and doctors from the Rayon Central Hospital, in their respective rayons with 20-30 community participants. During the cotton-picking season, from October to December, a number of the health centers worked with mahalla committees to organize community conversations for the cotton-pickers and to distribute brochures and leaflets on hygiene and infectious diseases. ZdravPlus took the opportunity of being in the fields to train field-cooks on the importance of providing boiled water to the cotton-pickers.

Now that ZdravPlus has been working extensively with the health centers and SVPs, it was decided that new initiatives were needed to foster greater collaboration and cohesion among them in health promotion activities. A quick survey was conducted to assess how health centers can better work with SVPs and, based on the results of the survey, a new pilot program is being developed to strengthen the relationship between health centers, SVPs, and their communities in three rayons in each of Ferghana and Andijon Oblasts. The pilot program will invite health center staff, SVP doctors and midwives, and community leaders to joint training sessions on a variety of health topics coinciding with ZdravPlus health promotion campaigns. In the other rayons, health center trainings will continue as before.

#### School Health

Last year, ZdravPlus worked with CAFE's Andijon Development Center to develop a school health curriculum for grades 1-8. The curriculum was piloted in Ferghana and Andijon Oblasts and greeted with enthusiasm by teachers and students alike. After piloting, the teachers made a number of suggestions that were incorporated into the final curriculum, in collaboration with representatives from the Ministry of Education (MOE), Ferghana and Andijon Oblast education departments, Ferghana Oblast Teachers Retraining Center and schoolteachers from the pilot schools. In September, the MOE held an Approval Committee meeting where a number of questions were asked about the curriculum and some comments were made. ZdravPlus made some minor changes to accommodate the committee's comments and the curriculum was approved by the Ministry as the national health education curriculum.

The curriculum has been received with such interest that the Ferghana Education Department has offered to support ZdravPlus by printing and distributing the health curriculum in other regions and schools of Uzbekistan. In addition, the US Peace Corps has requested copies for use by their volunteers in health promotion activities. The next step in the process is to conduct trainings at the Teachers Retraining Centers.

#### Other Health Promotion Activities

- In addition to the above activities, ZdravPlus developed and distributed a brochure on appropriate antibiotic use aimed at the general public and developed and pre-tested a brochure on sexually transmitted infections that is almost ready for printing. A poster on HIV/AIDS, to help health workers protect themselves and their clients from infection, has been printed and distributed to SVPs as well as other clinical facilities in Ferghana after many months of discussions with the SES about proper infection prevention practices.
- ZdravPlus also hosted a study tour on IMCI from Tajikistan, with a special focus on Community IMCI.

## ***Empowering the Population***

While NGO activities are forging ahead, efforts to empower the population to be more involved in health care decisions are moving more slowly than anticipated. It had been expected that the first open enrollment campaigns would be launched early in 2004, but the Ministry of Health has been unwilling to move ahead with enrollment for the moment. Efforts to develop a patients' Bill of Rights are also progressing, but more slowly than anticipated.

### **Healthy Communities Grant Program (HCGP) and NGO Activities**

In December, the NGO Network successfully finished a six-month health promotion program entitled, "There is no Place for AIDS in Ferghana Oblast." This program was implemented in Ferghana, Qoqon, and Marghilon cities and in Quva, Quvasoy, Okhunboboyev and Toshloq rayons in Ferghana Oblast. Twelve NGOs conducted numerous seminars for the population on prevention of HIV/AIDS and the rights of people with HIV. They also took turns organizing mass events on HIV/AIDS and worked closely with 10 SVPs to give them updated information on HIV/AIDS. It is estimated that this activity reached over 23,000 people in Ferghana Oblast. The Network is currently evaluating the results of its work.

The second round of the HCGP started in August. Out of 76 applications from NGOs and CBOs throughout Uzbekistan, the grant review committee selected 10 awardees in Ahangaran, Bukhoro, Ferghana, Jizzak, Nukus, Samarqand and Urgench. Among the financed organizations are well-established NGOs as well as new initiative groups. Some of the activities being supported are:

- A sports and health program in Ahangaran;
- A health promotion program for orphans in Ferghana;
- An anti-tobacco program for school children in Ferghana;
- A reproductive health education program for youth in Jizzak; and
- A potable water program in Nukus.

ZdravPlus provided technical assistance to the 13 grantees in the first round and began doing so for the grantees in the second round. Technical assistance includes individual consultations as well as training on how to develop print materials, adult learning techniques and interpersonal communications skills. Grantees are also given informational materials such as brochures, posters, videotapes and compact disks.

### **Building Support for the Health Reforms**

In the last six months, ZdravPlus has continued the process of developing products to inform policy makers and health workers about the reforms. The scripts of a 25-30 minute video and a more detailed brochure developed by a working group involving project Health staff, other MOH, MOF and oblast staff over many months, failed to meet the approval of the First Deputy Minister, who asked that a new team revise the products. This was quickly accomplished, with only minor changes. However, the change in First Deputy Ministers has meant that the revised materials have not yet been approved, but it is hoped that approval will take place in the near future, without further revisions.

### **Client Bill of Rights**

Early in 2003, ZdravPlus conducted focus group research on patients' rights and responsibilities based on international concepts, as well as reviewed an existing governmental prikaz on patients' rights. In the second half of the year, project staff and partners in the Health project have been drafting a brochure and poster providing a foundation to better inform the population of their rights and responsibilities.



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## Quality Improvement

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ZdravPlus continues to support the Government's agenda for retraining rural doctors at the PHC level as General Practitioners (GPs). Most significantly, it continues to provide practical training opportunities to complement the largely theoretical course being taught; it is extending GP training to the new pilot site for urban PHC reform; is working to build a GP Association and test the use of the association's new bulletin as a vehicle for continuing medical education; and is working to formalize and standardize the GP training curriculum. A substantial body of work has also been accomplished to upgrade the skills of PHC nurses and midwives on basic clinical skills and this will be continued with a focus on communications skills.

In its fourth year, ZdravPlus has shifted strategies from rolling out short training modules for health workers in the field to the institutionalization of these modules in medical institutes, especially as part of the 10-month postgraduate GP training course. Clinical modules on IMCI, anemia and rational nutrition, and reproductive health are all in the process of institutionalization. An important benefit of this strategy has been that this process is bringing modern teaching techniques and international protocols into academic institutions and this is beginning to generate requests for help from undergraduate institutions, where the thrust of future medical education reform needs to be targeted if real and lasting modernization of skilled health service delivery is to occur. Other short courses continue to be conducted, including hypertension and laboratory skills, and pilot projects to train midwives in rural rayons to provide IUD services and to update Safe Motherhood skills at the PHC and hospital level, are also under way.

Over the past six months, activities aimed at improving the quality of care through the use of specific quality improvement and management techniques have made significant progress on two fronts. First, through the establishment of an Evidence-Based Medicine (EBM) Center in Tashkent – the first official EBM center in Central Asia; and second, the primary results of the pilot clinical care improvement projects in Ferghana are showing significant increases in compliance with protocols on anemia, hypertension and child health.

ZdravPlus provided extensive feedback and advice to the consultants designing the World Bank and Asia Development Bank health projects. It has been recommended that the projects build on the pilot work done by ZdravPlus while focusing on scaling up successful strategies such as supporting an EBM center, developing guidelines and replicating QIPs on maternal and child health topics.

### Support for GP Training

At the request of the Health Project, ZdravPlus began to support the WHO-approved GP training modules on a national level and will fund oversight visits by experienced GP trainers to the two new GP training centers in Khorezm and Karakalpakstan. In addition, ZdravPlus has begun to work with a committee including representatives from each GP training center to develop and approve a standard GP core curriculum and then oversee revision of existing lessons to meld it into a standardized format. The reason for this is that one of the weaknesses of the current 10-month GP training course is that each training center uses its own materials for teaching, leading to variations in teaching practices and content at each center. In addition, the rectors have requested that the postgraduate curriculum be introduced at the undergraduate level and a standardized format would help this process.

In July, forty doctors from Andijon and Surkhondaryo graduated from the 10-month GP retraining courses in Andijon and Bukhoro after successfully passing their exams and receiving certificates. The new cadre of GPs is the first in these oblasts and will assist in the reforms at their clinics. In addition, 20 Surkhondaryo doctors about to become GPs traveled to Ferghana for a four-day study tour to see the PHC reforms in practice, especially as they affect family medicine. They returned home enthusiastic about the reforms and better able to visualize family medicine in practice.

As described later in this report, ZdravPlus is working with counterparts to reform urban primary care, with an initial pilot site in Marghilon City in Ferghana Oblast. To support this effort, ZdravPlus is supporting the participation of five polyclinic doctors from Marghilon in the 10-month GP retraining program at the Andijon training center. They are very positive about their experience so far and explain that they are already changing some of their practices as a result of the training they received on rational drug prescribing (e.g. less antibiotic prescription). ZdravPlus also presented them with the book on family medicine by Murtagh (in Russian) to assist them in their studies and work.

As part of its commitment to ensure that GPs and GP trainers acquire not only theoretical but also practical clinical skills, ZdravPlus continues to provide 2-4 week practical training courses at the Tashkent International Medical Clinic and one-month courses for GP trainers at the Bishkek Postgraduate Medical Institute. A total of nine GPs and trainers passed through the courses, successfully completing their practicum and receiving certificates of completion.

To help the GP profession take root in Uzbekistan, ZdravPlus is helping to coordinate efforts to establish a GP Association of Uzbekistan. The GP Association initiative group has now entered into formal negotiations with the Physicians Association of Uzbekistan in order to become an affiliate organization, as recommended by the Minister of Health.

The first edition of the bulletin of the Uzbek GP Association initiative group has been published and is being distributed to 3,000 doctors – receiving enthusiastic initial reviews. The bulletin was developed with technical support from ZdravPlus and published with financial resources from Project Health. A system of rural rayon-level GP study groups is being established, led by the GP trainers in each medical institute, to use the bulletin for continuing medical education for doctors. These GP study groups are envisioned as an initial pilot for the possible establishment of a continuing medical education program at the rayon level, with support from the upcoming World Bank/ADB health project.

Work has started, together with GP trainers from Tashkent Medical Institute, on the second edition of the bulletin.

### **Training of Nurses and Midwives**

The 352 nurses trained in Ferghana Oblast continue to provide care using the skills they learned and the small medical bag they received. The nurse coordinators in each rayon meet monthly to discuss challenges, ideas and to learn new skills. They continue to monitor and train the patronage nurses in their catchment areas. Head doctors have praised the training and commented that the nurses are taking more initiative and can accurately complete a patient assessment. In turn, this gives doctors more time to concentrate on their jobs.

In addition, a three-day training for midwives was held in Beshariq, Toshloq, and Quva in Ferghana Oblast. Seventy four midwives participated in the course that covered prenatal assessment skills as well as well-baby check ups. Upon successful completion of the course, each midwife received a medical bag similar to the nurses' bag distributed to community nurses. The bags also included a pregnancy book which colorfully displays and explains the stages of pregnancy. The midwives reported that they have more knowledge and skills leading to an increase in confidence in their positions. Doctors reported that midwives have improved performance and skill-level including better detection and prevention of anemia and pre-eclampsia and follow-up of prenatal patients. Nursing coordinators and head midwives also participated in the trainings and some have initiated training for the community nurses in their rayons.

The nurse coordinator position has been instituted in Andijon where 18 nurse coordinators (one from each rayon) received a three-day clinical training and a five-day training on adult learning techniques. ZdravPlus and Café will continue to train the nurses on medical topics as well as interpersonal communication and counseling.

ZdravPlus also identified and sent three teachers from nursing colleges—two from Tashkent and one from Urgench—to Bishkek to participate in the 11-month TOT for family nurses. They are continuing to pursue their studies there.

### **Integrated Management of Childhood Illness**

Institutionalization of IMCI is now in full swing. In August, a TOT was conducted at the Khorezm Medical Institute, followed in October by TIAME. In these trainings, ZdravPlus' primary focus, as usual, was on training GP trainers, but a number of faculty from other departments also participated. The institutes were given training manuals to enable the course to continue to be taught at both postgraduate and undergraduate levels.

ZdravPlus also took part in an IMCI strategy conference in November organized by the Tashkent Pediatric Research Institute and donor organizations. An overall IMCI implementation strategy for Uzbekistan was accepted.

### **Reproductive Health (RH)**

In reproductive health as well, ZdravPlus has focused on the institutionalization of training into the 10-month GP training program. The final RH curriculum for GP training, adapted from the usual ZdravPlus course for SVP doctors in collaboration with the Tashkent Institute for Advanced Medical Education (TIAME) and the Uzbekistan Medical Pedagogical Association (UZMPA), is an eight-day curriculum including both theoretical and practical skills. The first course for GP trainers and some teachers from ob-gyn departments was conducted by UZMPA in December. All trainees received a full set of teaching materials including a teaching manual, slides, reference books and a video. The newly trained GP trainers, alongside UZMPA trainers, will train other GP trainers in Andijon, Bukhoro, Samarqand and Khorezm.

After many months of preparation and adaptation of the successful Jalal-Abad (Kyrgyzstan) pilot project to train midwives to provide IUD services, ZdravPlus in Uzbekistan launched its own pilot project. Eleven midwives from Soh Rayon and 13 from Yozyovon Rayon—where there are few ob-gyns—were trained by UZMPA and the Reproductive Health Center. To ensure the safety of clients, the training had a strong emphasis on skill acquisition and practice, first with models and then with real patients, with assessment conducted through comprehensive skills observation checklists. The midwives were also given IUD kits. To inform the population of the availability of RH services, including IUDs, ZdravPlus worked with SVP patronage nurses and health centers – and in Soh with the NGO Ishonch – to distribute posters and flyers about the new services. Since Soh is largely Tajik-speaking, ZdravPlus procured 3,000 Tajik brochures on family planning, developed by UNFPA in Tajikistan, and these were distributed through the SVPs and the health center.

Monitoring and evaluation of the midwife/IUD project have already begun. Three rounds of follow-up visits to the midwives to monitor their skills and refresh their knowledge have already started. Preliminary results from the first round indicate that the quality of services provided by the midwives is satisfactory. The first of two rounds of a client satisfaction survey, which is being undertaken in collaboration with the research department of the Institute of Obstetrics and Gynecology, has also been conducted. Initial results show that most patients are very satisfied with the midwives' services and are excited that these services are available in their villages, rather than having to go to the central rayon hospital.

Distribution of the USAID-donated contraceptives continued in Quva, Beshariq and Yozyovon Rayons in Ferghana Oblast. However, supplies of all methods except oral contraceptives are now exhausted. Consumption of all methods except orals increased significantly in 2003, as compared to the previous year, but consumption of Depo-Provera grew particularly fast. The reasons for this are not clear, but anecdotal information indicates that it could be at least partly due to having uninterrupted supplies of all methods. It is also apparent that there is an excess of oral contraceptives and, in order to avoid their passing their expiration date unused in Ferghana, ZdravPlus proposes that they be sent to Navoiy and Sirdaryo Oblasts, where the project is also working and contraceptives are needed. With KFW-donated contraceptives now available in Ferghana, ZdravPlus has been working

with the Oblast Health Department to channel those contraceptives into the ZdravPlus-assisted distribution system, so as to ensure that SVPs in the three pilot rayons have a continuous supply of all contraceptive methods.

Possibly due to the routine availability of contraceptives in SVPs, and/or the health promotion campaign on family planning conducted in the first half of the year, there seems to have been a modest shift towards use of hormonal methods of contraception. According to the KAP survey, use of oral contraceptives among the sample in Ferghana went up from one percent in 2002 to 1.7 percent in 2003 and use of injectables went from 0.7 to 1.7 percent. IUD-use, meanwhile, dropped slightly from 27.7 to 26.3 percent. And condom-use rose from one percent to 1.3 percent. These numbers need to be viewed with caution, however, since the sample size of the KAP is too small to produce accurate measurements of shifts in contraceptive-use.

After much preparation, ZdravPlus also began its Safe Motherhood project in Yozyovon rayon in Ferghana. Preparatory activities included translation of the WHO manual on Essential Newborn Care and Breastfeeding, which was complemented by Project HOPE's translation of sections of the manual on Essential Antenatal, Perinatal and Postpartum Care. The first event was an orientation meeting, conducted jointly with the MOH, for some 40 policy makers from the Oblast Health Department, Ferghana rayons and SES. This was followed by three training courses. The first course, on obstetrics, included six ob-gyns and 16 midwives from the maternity department of Yozyovon Central Rayon Hospital. The second and third courses centered on outpatient care and were attended by 18 SVP doctors and 30 midwives. The courses were conducted by a WHO consultant working together with two Uzbek trainers: an ob-gyn from the Tashkent Perinatal Center and a midwife from Navoiy. Training for doctors and nurses on neonatology and breastfeeding is scheduled for February. Minimal equipment for neonatal resuscitation at the hospital has been ordered. Brochures for women and families on safe motherhood are also being finalized and will be provided to the hospital and SVPs.

#### Anemia and Rational Nutrition

The process of institutionalization of the module on Anemia and Rational Nutrition continues. Eighteen staff members from the Khorezm Medical Institute were trained: six trainers from the GP department, six from pediatrics, and six from other departments. Training manuals were left with the institute to facilitate the ongoing training of students.

#### Laboratory Training

ZdravPlus organized a one-day conference in October to assess the impact of its laboratory training on laboratory services in health facilities and delineate future plans for expansion. The conference helped SVP laboratory technicians, as well as officials from the rayon and oblast levels, to identify possible solutions to help SVPs provide quality laboratory services. One significant outcome of the conference was the decision by ZdravPlus not to continue to provide reagents as part of its training program. Instead, since most SVPs already have funds and the right to procure reagents, their obtaining the reagents will now become a pre-condition for participation in the course.

Another outcome of the conference was that the results of a survey showed that SVP laboratory technicians learned more during the four-day ZdravPlus training than during the month-long course conducted at the local medical school. As a result, discussions were initiated with the head of laboratory services for Uzbekistan, Professor Karimov (Deputy Rector at TIAME), to establish a TOT course based at TIAME. If these discussions bear fruit, the TOT would pave the way to train oblast medical school teachers, enabling them to strengthen their teaching for laboratory technicians.

#### Hypertension

The initial training courses on hypertension earlier in 2003, using the ZdravPlus-developed module, revealed a need for some improvements in the training manual. During this six-month period, the first trainings on hypertension, using the updated ZdravPlus module, were conducted in Quva, Yozyovon and Toshloq Rayons in Ferghana Oblast. Forty-six doctors from each SVP in the rayons participated, achieving increased scores from an average of 64 percent at the pre-test to 84 percent at

the post-test. Doctors' skills were tested using group participation techniques and the course was only allowed to proceed when all participants had mastered these correctly.

The hypertension training courses targeted rayons where the Quality Improvement Pilots are underway and will feed into them as an intervention whose effects can be closely monitored. It has also been decided to link the training to the Evidence-Based Medicine Center and the GP Association bulletin—the second edition on hypertension is currently being drafted.

### Pharmacy

ZdravPlus analyzed the results of the chart review conducted earlier in the year (for the period 2001/2002) and compared them with the chart review undertaken a year earlier (for 2000/2001.) There seems to be a quite significant improvement in prescription practices, for example:

- The percentage of children under age five with ARIs who were prescribed antibiotics dropped from 65 to 58 percent; and
- The percentage of patients with hypertension who had an injectable prescribed fell from 69 to 47 percent.

The Ferghana Drug Information Center (DIC) continued its information dissemination activities through its quarterly drug bulletin and rayon-level seminars for PHC doctors on topics such as rational drug use, antibiotic use, and management of hypertension. The DIC also provided feedback to PHC doctors on their prescription practices, based on the results of ZdravPlus' chart reviews. In addition, it undertook a needs assessment in seven rayons and will base future activities on the results of that assessment.

The DIC was also an active participant in developing ZdravPlus' new brochure for the public on antibiotic use.

Activities at the DIC have lagged behind expectations, since there has been a great deal of staff turnover. The Ferghana Oblast Hospital provides staff for the DIC, while ZdravPlus provided equipment and supports most operating costs. This issue needs to be addressed early in 2004.

### ***Quality Improvement Activities***

The quality improvement strategy for Uzbekistan continues to follow three main directions:

- The promotion of evidence-based practices through the establishment of an Evidence-Based Medicine (EBM) Center and the development of clinical practice guidelines;
- The implementation of pilot Quality Improvement Projects (QIPs) that focus on priority clinical care conditions; and
- The development of a Republican capacity in quality improvement and management.

Over the past six months, activities aimed at improving the quality of care through the use of specific quality improvement and management techniques have made significant progress on two fronts. First, through the establishment of an EBM Center in Tashkent, the first official EBM center in Central Asia; and second, the primary results of the pilot clinical care improvement projects in Ferghana. The development of capacity in quality management at the Republican level remains a challenge in a traditionally command-and-control system, and is a much longer-term objective.

### Evidence-Based Medicine and Clinical Guidelines and Protocols

The main achievement during this period was the completion of an analysis on the establishment and sustainability of the EBM Center at TIAME, conducted by Professor Vasiliy Vlassov, Director of the

Russian Branch of the Nordic Center, Cochrane Collaboration. The main recommendations<sup>1</sup> were that the center needs to:

- Establish its legal status and an organizational chart and hire permanent staff;
- Train a librarian to conduct literature searches and respond to requests for information;
- Finalize the guidelines on anemia and hypertension;
- Establish the connections to access electronic reference documents; and
- Train aspirants and post-graduate professors in EBM.

ZdravPlus is currently considering how to best support the implementation of these recommendations, jointly with the Health project.

Development of clinical guidelines has been slow thus far, but the staff trained in EBM in Almaty in May have produced a first draft of guidelines on iron-deficiency anemia, which were also reviewed by Professor Vlassov.

Development of the EBM Center is only one component of a more comprehensive strategy to promote evidence-based clinical practices. All training and research institutions need to be involved and to establish their own EBM units. Moreover, the development of EBM goes hand-in-hand with a strengthened role for the professional associations, especially the GP Association, since they should “approve” the guidelines and be involved in disseminating EBM practices.

#### Quality Improvement Projects (QIPs) in Ferghana Oblast

During a one-day conference in October, the three QIP teams presented the results of one year of self-monitoring their performance against clinical standards and reporting the results on run charts since January of this year. The following results were presented:

- **Iron-deficiency anemia:** 1) The screening rate dropped after the preventive visits but is increasing again to reach 70 percent; 2) The prevalence rate decreased from 100 to 65 percent after calibration of hemoglobinometers to more accurately reflect the reality; 3) Appropriate referrals to specialists increased from 40 to 90 percent; 4) Appropriate treatment increased from 58 to 80 percent; 5) Treatment effectiveness remained low (between 2 and 10 percent) due to problems with access to and use of drugs—a problem that is being explored.
- **Hypertension:** 1) The screening rate increased from 55 to 95 percent; 2) Accurate diagnosis increased from 58 to almost 100 percent; 3) Appropriate treatment increased from 65 to 90 percent; 4) Treatment effectiveness increased from 12 to 45 percent; 5) Appropriate completion of complementary exams went from zero to 65 percent.
- **IMCI:** 1) Screening for danger signs increased from 50 to 75 percent; 2) Counting the respiratory rate went from 95 to 100 percent; 3) Checking the immunization status increased from 50 to 90 percent; 4) Appropriate treatment for pneumonia went from 90 to 100 percent; 5) Appropriate treatment for diarrhea remained at 100 percent. Significant improvements took place in the polyclinics involved, reaching almost 100 percent compliance with every standard.

These results are very positive and demonstrate the benefit of self-measurement when the right indicators are identified. However, this is only the first step in addressing more complex system issues, over which providers in SVPs have little control, such as patients’ access to drugs.

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<sup>1</sup> See details in trip report: Evidence-Based Medicine Center Development. Vasilyi Vlassov. 24-29 November, 2003. Tashkent, Uzbekistan.

The next steps for the QIPs, as defined jointly with the Oblast Health Department, will focus on: 1) root-cause analysis of drug availability issues; 2) scaling-up the self-monitoring system to all SVPs on all three conditions in the three rayons; 3) introducing quality improvement in central rayon hospitals; and 4) institutionalizing the quality monitoring system and adding outcome measures.

#### **Building Capacity in Quality Management at the Republican Level**

ZdravPlus facilitated the participation of the Republican Working Group on Quality in several events: presentation of the QIPs by local staff during a session in Tashkent; the first conference on the QIPs in Ferghana, in October; and a lecture on EBM by Professor Vlassov in November. However, there are many constraints in working with this group, such as their limited availability and poor knowledge of English, which constrains their ability to read modern literature and attend international conferences.

Several events are planned to keep building the understanding of this group in modern approaches to quality improvement, including quarterly meetings on different topics, such as updates on the QIPs in Ferghana, the development of guidelines, etc.; participation in regional and international conferences on quality; and participation in activities related to the QIPs in Ferghana.

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#### **Improving Resource Use**

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Over the past six months, health financing activities have focused on: (i) completing oblast-wide coverage of the rural PHC financing and management (F&M) reforms by consolidating 23 old pilot rayons and supporting their roll-out to a total of 11 new rayons in Ferghana, Navoiy and Sirdaryo pilot oblasts; (ii) supporting expansion of the rural PHC F&M reform model to six pilot rayons in Khorezm Oblast and Republic of Karakalpakstan; (iii) implementing preparatory activities in two additional oblasts (Andijon and Surkhondaryo) as part of the national roll-out of the PHC F&M reforms; (iv) designing the urban PHC reform pilot in Marghilon City in Ferghana Oblast; and (v) extending technical expertise to the World Bank, Asian Development Bank and Uzbek counterparts in the overall design of the next loan projects, namely the “Health II” and “Woman and Child Health Development” (WCHD) Projects, respectively.

Health management activities have continued to focus on: (i) providing TA in institutionalizing the introductory management trainings for the PHC financial managers and head doctors; (ii) conducting special orientation seminars on the health reform program for the local managers in new pilot sites and organizing training seminars on advanced management topics for the working financial managers, PHC facility head doctors and rayon financial coordinators; and (iii) developing/updating training modules on various management topics.

Activities relating to the health information systems and monitoring and evaluation were focused on: (i) providing TA to the MOH and Republican Information and Analytical Center (RIAC) in completion of the ICD 10 materials in the Uzbek language; (ii) supporting operation of the population database (PDB) in old pilot sites and setting it up in the new pilot rayons by providing training to the PHC facility staff and rayon computer personnel on population enrollment, use of the PDB, and basic computer applications; (iii) institutionalizing the related work on setting up the PDB; (iv) collaborating with RIAC and MOH in finalizing the computerized hospital information system to initiate expansion of F&M reform pilots to secondary health facilities (hospitals); and (v) completion of fieldwork for data collection, data processing and preliminary analyses of the household survey on access to, and utilization of, health services in the pilot areas; and the KAP survey to assess knowledge, attitudes and health practices of communities in selected project sites.

The above key activities aside, the Resource Use component continued its collaboration with the World Bank and Central Project Implementation Bureau (CPIB) of the current “Health” Project in analyzing implementation status of the ongoing and planned activities, and conceptualizing the F&M reform and related information system issues for the follow-up on Health Project (“Health II”) and the forthcoming ADB loan project (“WCHD Project”).

## ***Health Financing and New Provider Payment Systems***

### **Completion of Oblast-wide Expansion of Financing and Management Reforms**

Technical assistance was streamlined to support further consolidation of the rural PHC financing reforms in the 23 old rayons included into the pilot till June 2003 (10 in Ferghana, eight in Navoiy and five in Sirdaryo Oblasts), and accomplish all necessary preparatory work – including estimation of the capitated rates – to introduce new provider payment systems in 11 new pilot rayons during the reporting period (six in Ferghana and five in Sirdaryo Oblasts). As a result of the above activities, expansion of the new financing and management systems for rural PHC facilities reforms marked an oblast-wide roll-out expansion in all of the three pilot oblasts. Because of the financing reforms on capitation-based provider payment systems, per capita annual normative for the reformed, rural PHC facilities in Ferghana Oblast now amounts to 1615 UZ soums compared to 1305 in 2002. The per capita normatives in the pilot rayons in Navoiy and Sirdaryo Oblasts this year amount to 1881 and 1923 UZ soums, respectively. Completion of the oblast-wide expansion has resulted in a remarkable increase in the coverage of reformed PHC facilities and allocations to these facilities. For example, there are now 270 PHC facilities in Ferghana brought under financing reforms – covering 66 percent of the oblast's total population as opposed to 89 reformed PHC facilities in 2002 – serving 23 percent population and 156 reformed PHC facilities in June 2003 – serving 40 percent population of Ferghana Oblast. The relative share of these facilities now stands at a little over 22 percent of the total oblast health budget compared to 21 percent in 2002. This increase is admittedly much more impressive if considered in absolute terms: an allocation of around 2021 million UZ soums to the reformed PHC facilities by the end of 2003, as opposed to 832 million soums in the previous year.

### **Extension of Financing and Management Reforms to Khorezm and Karakalpakstan**

Being requested by MOH for TA in rolling out F&M reforms to selected rayons in Khorezm and Karakalpakstan regions within the ongoing Health Project, ZdravPlus has initiated preparatory activities since July to these two new sites. In order to implement new financing and management systems for rural PHC facilities from January 2004, all needed preparatory activities were initiated in collaboration with the Central Project Implementation Bureau (CPIB) of the Health Project. Orientation seminars on the reform strategies for oblast and rayon managers, collection and analyses of financial data on PHC expenditures, selection of pilot sites in these two new regions have been accomplished. The three pilot rayons chosen for Khorezm Oblast are Urgench, Khiva and Kushkupur Rayons and those in the Republic of Karakalpakstan are Hodjeyli, Amudaryo and Turtkul Rayons.

### **Preparatory Activities on Roll-out to Additional Oblasts**

Preparatory activities to roll-out the rural PHC reforms to three rayons each in Andijon (Boz, Ulugnor and Hadjabod Rayons) and Surkhandaryo (Termez, Murzaobod and Djarkurgan Rayons) Oblasts were continued during the reporting period. Specific activities included study tours of the oblast and rayon managers from Andijon and Surkhandaryo to Ferghana to review and learn F&M reform experiences on the ground, implementation-review meetings with the oblast-level joint working groups, and participatory workshops on analysis of the PHC financing and expenditure trends. The local policy-makers and managers of Andijon and Surkhandaryo have demonstrated enhanced support and interest to the expansion of rural PHC F&M reforms in their oblasts. Preliminary analyses of rayon-wise financial data for 2002 were completed and reviewed with local managers and plans were developed for similar collection and analyses of 2003 factual data to decide on the allocations for reformed rural PHC facilities. Based on this allocation, the capitation rates will be calculated for implementing a per capita financing system for the PHC facilities from 2004. These two oblasts have been recommended as the first batch of oblasts where roll-out of the rural PHC reform model will be implemented within the “Health II” project that takes effect from July 2004.

### **Design of the Urban PHC Reform Pilot**

As the rural reforms begin to expand, Uzbekistan is ready to move on to the next step in the reforms, with an urban PHC pilot. ZdravPlus has continued to work on this initiative by initiating work in Marghilon City within Ferghana Oblast on developing and implementing a pilot to reform the urban



PHC facilities. Over the past months, the Urban Joint Work Group in Marghilon met periodically to have broad policy dialogues and agree on the design of a suitable urban PHC model. The joint work has led to the development of an urban model that suggests transforming the urban polyclinics into Family Group Practices (FGPs) comprising of a therapist, pediatricians and an obstetrician-gynecologist. This will mean that a number of practices utilize a given PHC polyclinic, with each FGP to serve an average catchment population of around 5,000 people. Eventually, the FGP physicians will be retrained in General Practice (GP). Patients will be free to enroll with a FGP/GP of their choice. This should encourage competition between practices initially within the polyclinic territory and later between practices situated in different polyclinics of the city. It is envisaged that the narrow specialists working in the urban PHC polyclinics will initially be retained, but later absorbed into city hospitals or moved to separate specialist clinics. The FGP/GP will work as the 'gatekeepers' to narrow specialty care. New financing and management systems will be set up in the restructured urban PHC polyclinics wherein financing will take place on the basis of the capitation principle and they will emerge as legal independent facilities with increased management and financial autonomy to develop and spend their budgets, retain the savings, and manage the Facility Development Funds. The WB design consultants for "Health II" project supported the proposed model. The suggested model is now under review by the Ferghana OHD and MOH.

#### **Technical Support to the Design of World Bank and Asian Development Bank Health Projects**

ZdravPlus experts extended collaboration to WB and ADB consultants on the design of the financial and management component of the upcoming loan projects, namely the Health II and Woman and Child Health Development (WCHD) Projects, respectively. With input from the Uzbek counterparts, ZdravPlus prepared a concept paper on "The Future Health Financing and Management Reform Issues in Uzbekistan" which provided useful leads to the consultants in designing the forthcoming projects. ZdravPlus inputs on health financing, management, information systems and related regulatory (legal and policy) issues were much appreciated by Uzbek counterparts as well as by the banks and their consultants.

### ***Health Management***

#### **Supporting Institutionalization of Health Management Training Courses for New PHC Financial Managers and Head Doctors**

Technical assistance in the process of institutionalizing the introductory management training courses for the newly recruited PHC financial managers and head doctors, which used to be previously conducted by the ZdravPlus Project, was continued. To further support this activity by creating a critical mass of local resource persons on health management training, a 3-week course on Training of Trainers in Advanced Health Management was organized by ZdravPlus in collaboration with the START project from July 21 – August 9. Thirty participants (mainly teachers from the medical and economic/business institutes from across the country) received the training and were awarded certificates. Recently, the MOH has issued an order instructing the Training Centers under Tashkent Advanced Medical Institute, Second Tashkent Medical Institute and Andijon Medical Institute to conduct the introductory health management courses for PHC managers in the future, with TA from the ZdravPlus Project. ZdravPlus has been working closely with these institutes to upgrade their technical and logistic capacities to organize the health management training programs.

ZdravPlus actively participated in a recent USAID initiative during roundtable meetings on health management issues. This initiative is evolving as a useful forum in the exchange of related experiences on health management activities of various programs working in the country and is contributing to better coordination and institutionalization of the health management work. Two presentations were made by ZdravPlus F&M specialists in the roundtable meetings, each on "Conceptual Issues in Health Management Development in Uzbekistan" and "Institutionalization of Health Management Training in Uzbekistan within the Health Project."

#### **Health Management Trainings and Seminars**

A series of special seminars were conducted during the reporting period to orient the oblast and rayon managers about the new pilot sites (Karakalpakstan, Khorezm, Surkhandaryo and Andijon) on

the health reform program in Uzbekistan and the new financing and management strategies for PHC facilities. Also, review workshops were organized on PHC expenditures. In total, seven such programs, attended by 124 local managers, were organized over the past six months.

Certificate awarding ceremonies for the PHC financial managers, facility head doctors and rayon financial coordinators, who have successfully completed the ZdravPlus training series on advanced management (Strategic Planning, Business Planning, Financial Analysis, Personnel Management, and Assets Management), were organized in the pilot oblasts. A total of 95 managers in Ferghana, 86 in Navoiy and 81 in Sirdaryo were awarded in these events. Prizes were also distributed among the winners of ZdravPlus-organized Competence-based Incentive Programs, namely the “Best Financial Manager Contest,” “Best Financial Analysis,” and “Best Business Plan.”

#### **Development/Update of Training Modules and Materials**

The updated version of the Practical Manual on Administration and Organization of the PHC Facilities has been reviewed by Uzbek counterparts (MOH, CPIB and OPIB) and slightly modified in accordance with the review comments. Also, work on the development of a training module on Bookkeeping and Accounting has been completed, with Uzbek and Russian versions finalized. These two manuscripts are now under the process of publication and dissemination.

### ***Health Information Systems***

#### **Collaboration with RIAC on Uzbek ICD-10 Materials**

The final variant of the ICD-10 materials translated into Uzbek, along with the ZdravPlus-developed software for conversion of the disease codes according to ICD-10, is now under final review and editing by the Terminological Committee set up by the MOH. It will be published and disseminated soon.

#### **Setting-up and Institutionalizing the Population Database**

Technical assistance continued in the organization of computer centers, setting up population databases in 11 new pilot rayons in Ferghana and Sirdaryo, hiring and training data entry operators, and training in data collection for the population database. During the past six months, a total of 90 health personnel were trained in data collection techniques and computer applications. HIS specialists have completed institutionalization of the Population Database (PDB) work. The new pilot sites are now implementing all related activities in setting up the PDB in new pilot sites, with limited TA from ZdravPlus. The PDB computer program and user manual, prepared and disseminated by ZdravPlus last spring, is being extensively used by counterparts in installing and operating the PDB.

#### **Implementation of a New Pilot on Hospital Information System**

Collaboration with the RIAC and MOH to finalize the pilot on a new hospital information system to better understand the information needs at the hospital levels and prepare grounds for expansion of financing reforms to the hospitals is now in its final stage. The MOH wanted the new hospital information system to be thoroughly reviewed by RIAC before the pilot formally begins in two rayon hospitals in Ferghana Oblast. A joint team of RIAC and ZdravPlus experts worked together over the last couple of months to address RIAC issues on the new hospital information system software. It is now expected that the pilot will begin in January.

### ***Monitoring & Evaluation (M&E)***

#### **Household Study**

Fieldwork to collect data and subsequent processing and preliminary analyses of the household study to examine access to, and utilization of, health care services in the three pilot oblasts (Ferghana, Sirdaryo and Navoiy) has been completed. Final analyses and report writing are now underway. Also, fieldwork of the 2003 KAP survey to assess knowledge, attitude and health practices of communities in selected project sites in Ferghana and Sirdaryo was completed in October. Data processing and preliminary analyses of the KAP study have been completed as well.

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## **Improving Legislative, Regulatory and Policy Framework**

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### ***Legal and Policy Development***

#### **Expansion of Financing and Management Activities**

The MOH has recently issued an order approving the idea of institutionalizing health management training programs for the PHC Financial Managers and Head Doctors in the Training Centers run by Tashkent Advanced Medical Institute, Second Tashkent Medical Institute and Andijon Medical Institute. The order has instructed this to be accomplished with TA from the ZdravPlus Project.

TA was extended to Ferghana, Navoiy and Sirdaryo Oblast Hokimiyats and Health Departments to have in place the needed legal basis for the expansions of F&M reforms. Similarly, close contact with the MOH and local authorities and health departments was continued to obtain policy support for the work in Marghilon City and Andijon and Surkhandaryo Oblasts.

In order to enable an exchange of experiences on financial and management reform approaches in other FSU countries and support needed legal and policy development, a study tour to Estonia was organized for a group of government officials and ZdravPlus specialists. The trip took place from October 12 to 16 and included representatives from CPIB, RIAC/MOH and Ministry of Economics. On the way back, the World Bank office in Moscow hosted a special seminar on the Russian health reform experience for study tour participants. ZdravPlus has also initiated important consulting work on the regulatory (legal and policy) support needs for the current Health Project F&M reform activities and the ones planned within the forthcoming Health II and WCHD Project.

#### **Co-Sponsoring Joint Working Group Meetings**

Three meetings of the Joint Working Group on Health Financing and Management were held in the past six months. The following issues were addressed: (i) review of F&M implementation status in the three pilot oblasts; (ii) expansion of the financial pilot to additional rayons (registration of PHC facilities as legally independent entities, facility budget development and approval process, training and hiring of new financial managers and financial coordinators); (iii) forming the PHC budgets for 2004 in the pilot rayons in Ferghana, Navoiy and Sirdaryo Oblasts; (iv) strategies for fine-tuning and solidification of the ongoing reforms in the area of financing and management; and (v) recommendations on future financing and management reforms of the hospital and urban PHC facilities.

## **TAJIKISTAN**

### **Six-Month Report**

### **July – December 2003**

#### **COUNTRY SUMMARY**

With Faizulloev as new Minister of Health, there is a sense that the environment is more supportive for reform and that cooperation between international agencies and government is increasing.

In this more receptive environment, the MOH has pulled together representatives from other ministries to address reform in health care financing. ZdravPlus has been working on policy issues, and the World Bank will focus on rollout of the new financing system in pilot areas. Within this role, ZdravPlus has worked closely with the newly-formed Health Finance Working Group, providing experience from Uzbekistan and Kyrgyzstan, and technical assistance in developing a strategic plan for reform. Cooperation with the other international players in health care reform continued to play an important role in ZdravPlus programming.

A referendum passed in June led to a change in the Constitution which legalized co-payments for health care, thus opening the door for changes in health policy. A new Health Care Reform Coordination Unit was organized. This new unit is headed by Dr. Meraliev and is supported by professionals with some previous health reform experience. This unit is seen by the MOH as a leading group that would provide an overall coordination role and participate in related discussions as well as ensure the implementation of the Tajik Health Care Reform Implementation plan. While there has been some fear among different players that this group's role is similar to the Somoni group, that was diminished in mid 2003 and there is hope that with the more democratic and supportive management of the new minister, the unit will be a support rather than a constraint to the implementation of reform programs.

During this reporting period, ZdravPlus has also begun laying the technical groundwork for health finance reform, with introduction of a hospital case database in a pilot hospital, based on experience in the other Central Asian countries.

Other key programming highlights—all conducted in cooperation with local partners, with the goal of institutionalization of activities— include strengthening of family medicine training in both Dushanbe and the oblasts, the opening of the Drug Information Center, and increased population involvement work.

Additionally, a local country manager and expatriate country representative began work during this period.

#### **SUMMARY OF IR ACTIVITIES**

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##### **Population Involvement**

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Population involvement is increasingly becoming a more important component for Tajikistan. IPC Training, Keeping Children Healthy Campaigns, and the Healthy Communities Grant Program all play an important role in helping to empower the population to play an active role in improving its health. Increasingly, emphasis is being placed on strategically working with the MOH on this component, as well as on achieving maximum impact with limited resources.

##### ***Health Promotion***

As a part of population component, two communication campaigns were initiated by the MOH: one on Diarrhea (summer) and one in ARI (autumn). ZdravPlus was involved in the implementation of both campaigns in close partnership with UNICEF. ZdravPlus is committed to building local

capacity for population involvement work, including helping the MOH and local NGOs develop their capacity in the area of health promotion. Towards this end, MOH departments were closely involved in the health promotion campaigns. Additionally, in cooperation with Mercy Corps, training on Developing Key Messages was organized for relevant parties from both government and non-governmental organizations. A training on how to organize Focus Group Discussions for local counterparts is planned for early 2004.

#### **Diarrhea Campaign**

The two-month diarrhea campaign took place in Varzob rayon, Leninskii rayon, and Dushanbe from May-July. Campaign materials included a poster and two leaflets, produced in Russian, Tajik and Uzbek. The Mother and Child Health Department, IMCI centers, diarrhea centers, and polyclinics all played an active part in supporting the campaign.

#### **ARI Campaign**

The ARI campaign was launched towards the end of the year in Varzob, Leninsky and Hissar district and Dushanbe City, with the goal of educating primary caretakers of children under age five about the main risks of acute respiratory infections, how to treat symptoms at home, and when it is necessary to seek professional medical assistance. Brochures and posters were developed and distributed in Tajik, Uzbek and Russian. In January 2004 the campaign will culminate with contests for best doctor, best nurse, and best health facility.

#### ***Training in Interpersonal Communication Skills***

In order to improve counseling skills and facilitate interaction with the population, a Training of Trainers (TOT) course was conducted for the staff of Healthy Life Styles and Family Medicine Centers from around Tajikistan. It was organized in collaboration with AED and took place in Dushanbe from October 9-18. The ZP Master Trainers were invited from Almaty and Bishkek to train 20 trainers. A roll out IPC training for 20 family doctors in Khujand and for the TOT trainees in Dushanbe was done in November and December.

#### ***Healthy Communities Grant Program***

During this period, first-round grantees under the ZdravPlus-Counterpart joint Healthy Communities Grants Program continued work on their projects. Additionally, this fall, sixteen grants were awarded through the second grant round. ZdravPlus staff provided technical assistance to grantees related to the development of Health Communication materials, including formal training on message development. Additionally, ZdravPlus worked closely with other international organizations to arrange technical assistance for grantees, including a 2-day training for medical workers on water, sanitation, hygiene and water-born diseases in Hissar, organized in collaboration with National Red Cross, and a similar course in J. Rasulov District, Soghd Oblast in collaboration with ACTED.

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### **Quality of Care**

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#### ***Medical Education***

The past six months saw national strategy discussions on further developing family medicine education in Dushanbe and overall development of family medicine training in the country.

An expert group on medical education has been created by SDC, and including representation from local counterparts including the Human Resource Department of the MOH, the Tajik State Medical University named after Avicenna, the Tajik Institute for Post-Graduate Education of Medical Personnel, the Dushanbe Medical College, the Republican Centre for Family Medicine. In addition, members of the World Bank project PIU and the SINO project long-term expert are supporting the work of the group. The group has discussed topics such as curriculum and accreditation, the further development of the FMTC in Dushanbe, and increased training opportunities for family medicine doctors in the oblasts. It is envisaged that more family medicine trainers be trained in Tajikistan in

order to provide quality training to the existing doctors who would then work at the Primary Health Care Level.

#### **FMTC in Dushanbe**

The FMTC is maturing in Dushanbe, with ZdravPlus and ADB working together to ensure continuous improvement in development of the Center.

The first TOT group at the FMTC in Dushanbe is close to completion. The group included five trainees funded by ZP and 15 trainees funded by ADB SSRP. In December, 2003 the first three trainees completed their studies and took an exam on clinical skills and a written test. All three were successful in the exams. These three people are seen as an important asset to the FM course and will be used to train new family doctors in the country. The other two ZP-funded trainees will complete the course in February 2004 and the ADB group is expected to finish their study by May, 2004. ZdravPlus will continue to provide technical support until the whole group is finished. ZdravPlus was involved in the preparation of test questions, clinical skills examination and organization of the exams with PGMI. Trainees will receive an approved and official diploma from the PGMI.

As the first ZP FM TOT with the Tajikistan Postgraduate Medical Institute (PGMI) comes to an end, many lessons can be learned and used to help improve the system in the future. It is clear that lack of an implementation plan and comprehensive strategy for family medicine education has the potential to hamper the effectiveness of medical education. ZdravPlus is working to address these issues through the national working group mentioned above, and has invited Consultant Brad Gerrish to work closely with the MOH Expert group, PGMI, Sino Project and other players in early 2004 to put together a strategy for the Family Medicine promotion in the country.

#### **Expansion of Family Medicine Training in the Oblasts**

During the second half of 2003, increasing attention has been paid to developing family medicine on the oblast level and the ZP team has placed higher priority on strengthening oblast-level FM training. ORA doctors carried out trainings on clinical topics in Gbao, Khujand, and Khatlon for family doctors. Additionally, doctors from the oblasts have had opportunities to study at the Bishkek FMTC.

In order to assess the preparation, willingness, and capacity for FM promotion in Soghd Oblast, the Country Manager and the Population Involvement Coordinator visited Khujand in late 2003. It was clear from the visit that a) there is a willingness to work seriously on FM promotion at the level of the Department of Health and the FM Training Center; b) activities are being undertaken in this area despite limited resources, and c) significant technical support is needed to develop the understanding of the FM concept and proper planning and implementation.

#### **Training Opportunities in Bishkek**

The Bishkek FMTC has provided substantial training opportunities for family doctors from Tajikistan. During summer 2003, the first group returned from the 11-month training course. Three of them are currently working as trainers for family doctors in Khujand, using the skills and information they gained in Kyrgyzstan to further develop family medicine in that region. A third returned trainee is now heading the FMTC in Dushanbe.

During the reporting period, new participants were selected to take part in the 11-month training course in Bishkek. Three of six doctors are from Khatlon Oblast, which will further strengthen the trainer base at its FMTC. Thus, two Oblast-level Training Centers will be strengthened and more activities will be implemented at the oblast level next year.

People from Khujand and Khatlon Oblasts were included in a group that visited the Bishkek Family Medicine Program in the fall of 2003. This study tour provided more understanding of FM-related issues in the neighboring country and helped to answer some of the questions the Tajik representative had and raise new issues that may come up during their work.

At the national level, due to the need for more space at the FMTC, ZP invested additional resources in the renovation of the other wing of the building. The renovation work has been completed and the new wing is expected to be officially opened in February. The additional space will allow better conditions for the FM students.

### ***IMCI***

The IMCI module has now been included into the Family Medicine training curriculum and training and training provided to the Family Medicine trainees who are engaged in the TOT course under the Tajik Postgraduate Medical Institute at the FMTC. The institutionalization of this module represents a significant step in ensuring that IMCI will indeed become part of the practice of every family doctor in the country. The Tajik MOH is eager to expand IMCI activities to more geographical areas. ZdravPlus has taken part in key interagency meetings on IMCI strategy and is seen considered by key counterparts on IMCI, such as WHO, UNICEF, and the MOH, to be a key player in IMCI implementation in the country.

### ***Drug Information Center***

The new Drug Information Center was opened in Dushanbe in December, based at the Tajik State Medical University. The Center was created by ZdravPlus in cooperation with the MOH, WHO Pharmaceutical group, and the Tajik State Medical University. It is becoming a powerful resource center for health professionals and is functioning according to plan.

Three consultants from the Center were sent to Bishkek DIC for a study tour to learn from the experience of the Kyrgyz DIC. Following their return, they developed an annual work plan for the Center.

Since the opening of the DIC, the Center has focused on dissemination of objective and independent information on drugs by issuing information leaflets, information bulletins, and presentations; preparation of education programs for medical students and teachers on drug policy and EBM, drug price monitoring, and creating an EBM resource center at the Medical Universities' library. The Center has also begun to establish linkages with other similar centers within and outside of Tajikistan. Particularly, the Aga Khan Foundation's DIC in Gorno Badakhshan Autonomous Oblast has sent a package of information and samples of their Drug Bulletin for the team and expressed a willingness to be strongly linked to the DIC team in Dushanbe.

The DIC has been met with great support from the Ministry of Health. ZdravPlus will provide support to the Center for at least one year.

### ***Clinical Practice Guidelines***

ZdravPlus continued to work with the WHO Pharmaceuticals Taskforce group on Clinical Practice Guidelines. Five diseases have been selected for implementation: stenocardia, hypertension, dyspepsia, chronic bronchitis and tonsillitis. The pilot districts for implementation of the new CPGs were selected (SVA Chorbogh in Varzob, SVA Leningrad in Leninskii, and FM Training Center at Polyclinic Number 8 in Dushanbe).

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## **Improving Resource Use & Legislative, Regulatory and Policy Framework**

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### ***Health Financing***

The constitutional referendum which legalized paid medical care opening the door for health finance reform. In the context of this environmental change, several important steps were taken towards the development of a new policy framework for health finance reform in Tajikistan. Most significantly, a working group representing the MOH, Ministry of Finance, Ministry of Economics, the Ministry of Social Welfare, and the Anti-Monopoly Committee was created to work on the issues of health

finance. The interagency nature of the group means that it has the potential to achieve longterm buy-in and sustainability for changes in the health financing system.

Members of the working group participated in a one-week study tour to Kyrgyzstan to learn from regional experience. This trip provided participants with a chance to see the Kyrgyz Health Finance Reform Model in practice, and to speak with key players in Kyrgyzstan. As a result of the lessons learned from the Kyrgyzstan experience, the working group decided to shelve the idea of implementing health insurance until later, once the health care financing system is sufficiently developed to allow meaningful implementation of such a system.

Following the study tour to Kyrgyzstan, a retreat took place for the working group in Issyk Kul, and from those discussions, a key strategy paper on health finance was developed. This paper represents the beginning of a new era in health care financing reform in Tajikistan: first, it is the result of multi-ministry collaboration; second, it represents close collaboration between ZdravPlus and Health Minister Faizulloev, other MOH staff, and representatives from the other involved ministries, and the MOH has acknowledged the value of ZdravPlus assistance in this area; and third, other agencies, such as the World Bank, have taken an interest and are now on board with implementation of the developed strategy.

The strategy paper agreed upon by the working group, currently being discussed with the World Bank, and expected to be approved by the government in early 2004, emphasizes the creation of a new Provider-Payment system and suggests pooling funds at the oblast level. The Tajikistan Health Financing Strategy recognizes that increases in both financing and efficiency are required to improve the delivery of health services to the people of Tajikistan. A new provider payment system will introduce new financial incentives, competition, and result in increased efficiency.

Health financing work has been conducted in collaboration with the World Bank and Swiss projects. The World Bank and MOH have made the decision to hold a conference on health financing in April 2004 to many of the important issues that have been raised.

### ***Health Information Systems***

During the first half of 2003, the MOH approached ZdravPlus with a request for technical assistance in developing a hospital payment system. Thus, ZdravPlus worked to lay the technical groundwork for such a system, using the Kyrgyzstan system as a model. ZdravPlus has introduced a clinical information system in pilot hospitals (3 in the first half of 2003, a fourth in the second half of the year). The system will be used to develop a hospital payment system on the national level, to replace existing financial reporting systems, and to help hospital managers with internal management of their facilities. Once instituted, the hospital payment systems will create autonomy for providers, even given their limited resources.

During the first half of the year, computers were purchased, software provided, and operators trained. The second half of the year saw continued work on data collection and system refinement. Specialists from the regional ZdravPlus office visited Dushanbe to revise data entry and address issues related to the program. The results found showed that good quality information was collected. Data entry for creating a clinical database has been continuing in three pilot hospitals. Additionally, a fourth pilot hospital received computers and began data collection. Work continues in the pilot hospitals to create a clinical database based on form #66. Work is also underway to create an additional program to the clinical database to gather information from statistical form #14 (hospital activities: summary). To date, nearly 10,000 records have already been collected.

The data collection in the pilot hospitals will be used to start improving the hospital system and as a start of data collection on the national level.

ZdravPlus has provided the Finance Department of the MOH with one computer to work with the database to move towards a case-based payment mechanism. During early 2004, work will begin on



implementing a cost accounting system, so that data from the hospital database can be analyzed in light of cost information, thus creating a hospital payment system. Information gathered over the past year from Form 20 will be used for future monitoring and evaluation.

### ***Health Reform and Management***

A seminar on Health Reform was conducted in November as a follow-up to the Health Management and Reform seminar conducted earlier in the year, with the goal of disseminating information on the health reforms in Tajikistan to the health care system throughout the country. It was agreed that training participants will travel to the districts to disseminate information on reforms and the Reform Department will coordinate their activities. The Minister of Health personally attended the seminar and expressed support of the event and the follow-up process of informing health professionals regarding health reform initiatives. The Reform department at the MOH has taken on a coordinating role in organizing follow-up seminars on disseminating health reforms information to health facilities and rural districts. ZdravPlus will financially support the activity. The seminars are to be held by MOH Reform department and Oblast Health departments.

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## **Legal and Policy**

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### ***Broad Legal and Policy***

Julian Simidjiyski provided legal and technical assistance on the revision of laws and regulations as they relate to new changes and progress being made at the MOH. His primary focus was on laws related to the introduction of co-payments and the accumulation and distribution of funds. His work focused on laws on health protection, local governance, and pharmaceutical activity. He has also been working on the Health Financing Strategy Paper, which was approved by the Health Financing Technical Working Group, to comment from a legal point of view and assisted in the development of a strategy to gain approval from the Parliament.

## **TURKMENISTAN**

### **Six-Month Report**

### **July – December 2003**

#### **COUNTRY SUMMARY**

The last six months in Turkmenistan have been marked by increasing government pressure on all US-funded projects. The president of Turkmenistan has grown increasingly hostile to any form of international activity in Turkmenistan. The most recent developments are new reporting requirements from the Ministry of Foreign Affairs, including a two-week notice of all activities, three-month work plans, and one year summaries of future activities. In addition, a new law on public associations, passed in mid-November, has been widely criticized by human rights and international law groups. It will severely curtail the abilities of NGOs and community groups to act and has led to a suspension of Health Community Grant Program activities until more information is available on how the law will be enforced. It is also possible that the government will choose to apply the new registration policies for foreign NGOs to USAID implementing partners, although USAID believes that the bilateral agreement prevents this.

This increase in government pressure has begun to affect the way that ZdravPlus operates in Turkmenistan. ZdravPlus activities have not yet been curtailed, but increased reporting requirements have required greater flexibility from ZdravPlus and necessitated less flexibility from the Ministry of Health. A few close partners, such as the Maternal and Child Health Institute, have grown less cooperative and have indicated that this is due to pressure from above. It is the opinion of the ZdravPlus country director that the Government of Turkmenistan is attempting to drive USAID and its implementing partners out of Turkmenistan through legal and bureaucratic harassment.

Despite these obstacles, ZdravPlus was able to implement all planned activities—aside from HCGP—over the last six months. An unprecedented seven Keeping Children Healthy campaigns took place, including a new nutrition campaign developed exclusively for Turkmenistan. A new set of laboratory trainings was initiated, and IMCI training began in Akhal and Mary velayats. Relations with the Ministry of Health have been maintained as well as possible, with some success. Over the last six months, ZdravPlus received letters of support from both the Deputy Minister of Health, Byashim Sopiev, and Chari Nazarov, the director of the national Maternal and Child Health Institute.

ZdravPlus has continued to grow in response to new challenges and activities. This expansion has required all staff to expand their areas of responsibility, and develop new skills and competencies. Marketing Director Zulfia Charyeva doubled the number of health education campaigns implemented this year in Turkmenistan, and is managing a newly developed advisory committee on health education campaigns. Program Manager Natasha Basova took on new responsibility with the Healthy Community Grants Program and is managing additional laboratory trainings. Dmitry Sevyastanov, the office driver, began to assist in office duties such as proofreading Russian translations and regional documents, and assisting in organizational tasks.

#### ***Pilot Sites***

ZdravPlus now operates in five pilot sites; one in each etrap of Turkmenistan. They are as follows: Gubadag etrap of Dashoguz velayat, Sakar Chaga etrap of Mary velayat, Rukhabat etrap of Akhal velayat, Farab etrap of Lebap velayat, and Serdar etrap of Balkan velayat. Gubadag, Sakar Chaga, and Rukhabat are new pilot sites while Farab and Serdar are mature sites. ZdravPlus' activities, however, are in no way restricted to pilot etraps. Turkmenistan is a small country, and it makes sense to operate nationally whenever possible. IMCI and Keeping Children Healthy activities take place in these pilot etraps, but laboratory training has been completed in pilot etraps and expanded to other areas. Radio and TV spots for the KCH campaigns run nationally, and the Healthy Communities Grant Program grants to community groups all over the country.

## **SUMMARY OF IR ACTIVITIES**

### ***IMCI***

TOTs have now taken place in Sakar Chaga and Rukhabat. A TOT will take place in Gubadag in early spring. IMCI training remains popular with the Government of Turkmenistan and the collaboration between START, Project HOPE, and ZdravPlus has led to a continuing expansion of coverage of family doctors in Turkmenistan. This expansion has put a burden on maternal and child health institute trainers; they now travel almost constantly. ZdravPlus has encouraged the MCH institute to give more responsibility to trainers from outside the capital to lighten the burden on Ashgabat trainers and build training capacity all over the country.

IMCI drugs have now been purchased by UNICEF. The Course Director, Dr. Alexander Junelov, was designated to supervise the distribution of drugs. According to Dr. Junelov, the drugs are available for patients who are followed-up within the IMCI strategy. Authorized representatives from IMCI pilot sites come to Ashgabat to withdraw drugs on a regular basis.

IMCI training remains popular in Turkmenistan. Doctors and hospitals continue to request the training, and the rapid pace of IMCI expansion has not led to a decrease in training quality. This is due in part to the vigilance of START and ZdravPlus in observing trainings and holding IMCI trainers to strict standards of scheduling and training quality.

### ***Keeping Children Healthy Campaigns***

From July-December 2003, ZdravPlus implemented an unprecedented eight KCH campaigns: two campaigns on diarrhea, three on nutrition, and three on ARIs. The campaigns in the established etraps of Farab and Serdar reached new levels of sophistication and local involvement, while the new pilot etraps of Sakar Chaga, Gubadag, and Rukhabat began to accept and understand the ideas of population involvement and health education campaigns. Along with increasing population knowledge of IMCI home care, the growing awareness of local health authorities on the importance of preventive health measures and population education is one of the unqualified successes of ZdravPlus in Turkmenistan. From July-December 2003, KCH activities both broadened and deepened in scope.

In July, two diarrhea campaigns were completed in Sakar Chaga etrap of Mary velayat and Gubadag etrap of Dashoguz velayat. No campaign was held in Rukhabat etrap of Akhal velayat because the Maternal and Child Health institute refused to assign local counterparts in the etrap. There was some resistance to the idea of health education campaigns in these two etraps, especially in Mary, but with time and explanation, local authorities agreed to support the campaigns to the best of their abilities.

The two nutrition campaigns took place in Farab etrap of Lebap velayat and Serdar etrap of Balkan velayat in December. The nutrition campaign was new for Turkmenistan; a working group was created by ZdravPlus and the MOH to design the materials for the campaign. While meetings were often heated and contentious, a consensus was eventually reached to develop materials that everybody was pleased with. The campaign covered 13,000 women with children under five years of age, pregnant women, and breastfeeding women. Two nutrition brochures and two posters were developed for the campaign. Three video spots were made with topics on nutrition for pregnant women, nutrition for young children, and food hygiene. They aired on national television from September to December.

The campaigns included a new element of the nurses' contest – a cooking contest for the best main dish and best salad. It was conducted the day before the awards ceremony of the winners of the nurses' contest. Fifty dishes and fifty salads in Farab etrap and thirty dishes and thirty salads in Serdar etrap were judged by the members of the jury on the basis of their taste, price, and usefulness for health. Two winners in each place were awarded prizes of sets of cooking pots. The dishes submitted

for the contest, especially in Farab, were surprisingly innovative, and consistently managed to be both inexpensive and nutritious. The winning recipes will be published nationally in a newspaper.

Three ARI KCH campaigns took place from October – December 2003 in the new IMCI pilot sites of Turkmenistan: Rukhabat etrap of Akhal velayat, Sakar Chaga etrap of Mary velayat, and Gubadag etrap of Dashoguz velayat. The campaigns covered over 25,000 women with children under five years of age and pregnant women. Gubadag and Sakar Chaga etraps were familiar with KCH campaigns, as diarrhea campaigns had taken place over the summer in these etraps. Local authorities in both etraps were very supportive of this second campaign. In Mary, nurses were even given time off from picking cotton in order to participate in campaign activities.

The ARI campaign was the first KCH campaign for Rukhabat etrap. Medical workers of the etrap were very glad to have the program in their district, although the ideas involved were very new to them. During the two months of the campaign, nurses taught women with children under five years old, and all pregnant women, about ARI-related topics. Participation in this first campaign was somewhat limited, but this summer's diarrhea campaign will build on the ARI campaign and inspire greater participation and understanding.

In late October, ZdravPlus was asked by officials of the Health Department of the MOH of Lebap velayat about extending KCH activities to other etraps of the velayat. The Health Department of Lebap velayat plans to conduct ARI and Diarrhea KCH campaigns in three more etraps of the velayat independently. The chairman of the department requested his deputy to define new sites, draft a budget, and prepare future campaigns. There is an intention to use the local coordinator of KCH campaign in Farab, Mrs. Khasiyet Rozybayeva, as a manager for the campaigns. This fits well with ZdravPlus' plans to shift health education activities to local authorities in plan year five.

### ***Laboratory Training***

Laboratory trainings were scheduled to end in June 2003. After the last round of laboratory training was completed, ZdravPlus sponsored a one-day Lab Training Review Meeting on June 27, 2003. The meeting was attended by the twenty laboratory trainers from the five velayats, ten training participants (two from each velayat), representatives from the Ministry of Health, and officials from other city hospitals.

During the meeting, trainers reported on their experiences during the program and discussed the possibility of future programs. The meeting also provided a forum for trainers, participants, and ministry officials to discuss advocacy methods to encourage additional government funding for the purchase of reagents and equipment for clinic laboratories. All of the participants felt it was necessary to continue the lab trainings to further build laboratory skills, and expressed this view with great passion to everyone present. This was particularly impressive because government representatives attended the review meetings, and by expressing a need for further training and additional reagents, participants were putting their jobs at risk through their outspoken criticism of current laboratory policy.

As a result, ZdravPlus, START, and the Ministry of Health decided to implement a second round of laboratory trainings. The new round of trainings will use the same curriculum and text, which is the lab manual written by Amanda Cooper. At the request of participants, the trainings will include more material presented in the Russian language. More detailed pre- and post-testing has been added to the schedule to ensure that the second round of trainings is as successful and high-quality as the first round of trainings was.

The first training in the new round of laboratory trainings was held from November 17-21 in the Ashgabat Diagnostic Center. Twenty participants from Akhal velayat were trained.

The agenda of the laboratory training was as follows:

- Day 1: Lab Safety and Quality Control

- Day 2: Procedures and Assignment of Protocol
- Day 3: Review and Practice of General Lab Examination; TB DOTS review
- Day 4: Review and Practice on General Lab Examination; Parasitology and Hepatitis
- Day 5: Review and Presentation of Protocol

Participants were provided with the “Amanda Cooper Laboratory Manual,” which was used as the basic text for the training. It was printed in both Russian and Turkmen at the request of the Ministry of Health. This text is always very popular with training participants. At this training, the Russian version, in particular, was so popular that participants borrowed several copies and did not return them, despite the distribution of Turkmen language versions. The participants took pre- and post-tests to measure the impact of the training on their knowledge. According to the results of these tests, the increase in participant knowledge was 23 percent.

Through expanding laboratory training, ZdravPlus has been able to increase the number of individuals trained in basic laboratory skills, and demonstrate to the Government of Turkmenistan and local authorities the effectiveness of advocacy in achieving goals.

### ***Other Activities***

Eleven days of interpersonal communication training for physicians took place from December 15 to 26. Two ZdravPlus trainers, one from Almaty and one from Bishkek, conducted the training. The purpose of the training was to increase the skills of physicians from the Maternal and Child Health Institute in communicating with patients.

A second round of the Healthy Community Grants Program was held in collaboration with Counterpart Consortium. Thirty-eight projects were submitted for consideration and five were selected for funding. They received their first tranche of grant funding, but the HCGP is now on hold pending developments with regards to the new NGO law mentioned in the introduction of this report.

From September 21-26, a HCGP ZdravPlus/Counterpart Joint Meeting was held in Almaty. The issues discussed during the meeting are as follows:

- Provision of technical assistance
- Review of Request for Application (RFA)
- ZdravPlus/Counterpart – cooperation during the course of the program’s implementation

ZdravPlus continued to produce low-cost health education materials to meet requests from NGOs and Peace Corps Volunteers. Black and white versions of the new nutrition materials are currently in development. All materials will soon be available on the ZdravPlus website for publicly available downloading.

ZdravPlus began to finalize a curriculum for health pregnancy trainings that will take place in the spring of 2004. The curriculum is being developed by the ZdravPlus Country Director, the Marketing Director, and a Peace Corps Volunteer, Kimberly Reynolds, who is an American-trained nurse with training experience. Topics to be covered by the training will include communication topics such as: negotiation skills, effective communication, talking to your husband, and talking to your doctor, as well as healthy pregnancy topics like nutrition during pregnancy, healthy habits, warning signs of when to see a doctor immediately, what to expect from labor and delivery, newborn care, breastfeeding and its importance, and changes to a mother’s body during pregnancy.

Three ZdravPlus counterparts recently returned from a visit to the United States on a US-embassy sponsored international visitor program, where they studied community health education in rural and urban areas of the United States. They visited Boston, Washington DC, and New Orleans and met with a wide range of health education professionals. These counterparts, who specifically requested the program of study and were chosen according to their ability to utilize newly acquired skills and ideas, plan to use their new knowledge to enhance community health education efforts in Turkmenistan.

Two of the participants, local KCH campaign coordinators, had the explicit support of their supervisors. The third, from the Maternal and Child Health institute, had tacit permission for her travel. A fourth participant, Rejeb Geldiev, director of the Center for Healthy Lifestyles, received permission and encouragement from the Ministry of Health to attend the study tour, but was later requested to attend a WHO meeting in Bishkek instead. It is hoped that this speaks well for the MOH's continuing willingness to allow international influence and exchange.

### ***Future Activities for ZdravPlus Turkmenistan***

As usual, most future activities for ZdravPlus Turkmenistan will be based on expanding and enhancing the successful aspects of current activities. Among other activities, IMCI training will take place in Gubadag etrap; a final ZdravPlus organized health education campaign will be implemented in Rukhabat etrap; and laboratory training will continue throughout the country. A second interpersonal communications training will take place in January for nurses (rather than physicians) from the national Maternal and Child Health Institute.

A new set of trainings on Safe Motherhood will be implemented in spring of 2004. This ambitious set of trainings will begin with a TOT to prepare nurse trainers on healthy pregnancy. The curriculum will be designed by ZdravPlus and taught by an American nurse who is a Peace Corps Volunteer in cooperation with ZdravPlus marketing director Zulfia Charyeva. It will combine information on healthy pregnancy with education on negotiation skills. The nurse trainers will go on to train local outreach nurses in healthy pregnancy issues, and those outreach nurses will go on to train pregnant women. This program will increase awareness of healthy pregnancy issues among nurses and increase the knowledge level of pregnant women in target etraps. It is intended to give pregnant women in Turkmenistan both the knowledge they need to have a healthy pregnancy and the communication and negotiation skills they need to get help from their families to ensure their healthy pregnancy.

A final KCH campaign on diarrhea will take place this summer in Rukhabat etrap of Akhal velayat. This will be the second campaign to take place in Rukhabat, and it will be used to develop local capacity to implement health education campaigns. After this final campaign in Rukhabat, ZdravPlus will no longer organize and implement health education campaigns. Instead, ZdravPlus will support local authorities in implementing campaigns with financial support and technical assistance. Local authorities will be able to either implement existing campaigns in new areas, such as the plan in Lebap velayat to implement ARI and diarrhea campaigns in etraps new Farab, or develop education campaigns on new topics in etraps that have already been exposed to the existing campaigns.

ZdravPlus will also continue to seek opportunities to expand program activity in Turkmenistan. It is hoped that ZdravPlus will be able to implement a training course on health management during early 2004, as per a longstanding request from the Ministry of Health. ZdravPlus will continue to advocate for ZP's involvement in developing the planned national insurance scheme, and for increased PEPC activity. Other areas for advocacy will include: ICD-10, a shift to the international live birth definition, and contraception as an important part of women's health (Turkmenistan's pro-natalist policy has led to restricted access to contraception).

ZdravPlus was approached about assisting with Turkmenistan's application to the Global Fund on AIDS, tuberculosis, and malaria, and if requested, ZP will work with Project HOPE and the USAID office to provide assistance in developing the application.

The most important goal for future activities is simply to continue to operate in Turkmenistan, working towards better access to quality health care, despite increasing government hostility to USAID partner activity in Turkmenistan. This will require a delicate balance; pursuing the interests of ZdravPlus while allowing the MOH a greater role in the planning and selection of ZdravPlus' activities. ZdravPlus is determined that planned programs will continue without being either co-opted or opposed by the government. This will be a challenging process, but one in which ZdravPlus Turkmenistan is determined to succeed.

## ABBREVIATIONS

<b>AC</b>	Licensing and Accreditation Commission
<b>ACTED</b>	Agency for Technical Development and Cooperation
<b>ADB</b>	Asian Development Bank
<b>AED</b>	Academy for Educational Development
<b>AFPZ</b>	Association of Family Physicians in Zhezkazgan
<b>AIHA</b>	American International Health Alliance
<b>AKF</b>	Aga Khan Foundation
<b>AKHS</b>	Aga Khan Health Service
<b>ALT</b>	Adult Learning Techniques
<b>AMEE</b>	Association of Medical Education in Europe
<b>AMEG</b>	American Manufacturing Export Group
<b>AOH</b>	Agency of Health
<b>APUA</b>	Alliance for the Prudent Use of Antibiotics
<b>ARI</b>	Acute respiratory infection
<b>ASVP</b>	Association of SVPs
<b>BWAK</b>	Business Women's Association of Kazakhstan
<b>CA</b>	(USAID) Cooperating Agency
<b>CAFE</b>	Central Asian Free Exchange
<b>CAG</b>	Community Action Grant
<b>CAP</b>	Community Action Projects
<b>CAR</b>	Central Asian Region
<b>CARINFO</b>	Central Asian Region Information
<b>CBO</b>	Community based organization
<b>CC</b>	Counterpart Consortium
<b>CDC</b>	US Centers for Disease Control and Prevention
<b>CDD</b>	Control of diarrheal diseases
<b>CDIE</b>	Center for Development Information and Evaluation
<b>CG</b>	Community group
<b>CHD</b>	City Health Department
<b>CHH</b>	Community-Home Health
<b>CHL</b>	Center for Healthy Lifestyles
<b>CIF</b>	Clinical information form
<b>CINDI</b>	Countrywide Integrated Non-communicable Disease Intervention Program
<b>CME</b>	Continuing medical education
<b>CNE</b>	Continuing nursing education
<b>COC</b>	Combined oral contraceptive
<b>COR</b>	Council of Rectors
<b>CPG</b>	Clinical practice guidelines
<b>CPIB</b>	Central Project Implementation Bureau
<b>CQI</b>	Continuous Quality Improvement
<b>CRH</b>	Central rayon hospital
<b>CSG</b>	Clinical statistical group
<b>CTU</b>	Contraception Technology Update
<b>DBMS</b>	Database management system
<b>DDRP</b>	Drug Demand Reduction Project
<b>DEC</b>	Development Experience Clearing House
<b>DFID</b>	Department for International Development (United Kingdom)



<b>DIC</b>	Drug Information Center
<b>DOTS</b>	Directly observed treatment short course
<b>DRG</b>	Diagnosis related groups
<b>EBM</b>	Evidence-based Medicine
<b>EDL</b>	Essential drug list
<b>EKG</b>	Electro cardiogram
<b>EKO</b>	East Kazakhstan Oblast
<b>EDL</b>	Essential Drugs List
<b>EM</b>	ExxonMobil
<b>EPC</b>	Economic Policy Council
<b>F&amp;M</b>	Financing and Management
<b>FAP</b>	Feldsher/midwife ambulatory post
<b>FD</b>	Family Doctor
<b>FGP</b>	Family Group Practice
<b>FGPA</b>	Family Group Practice Association
<b>FM</b>	Family Medicine
<b>FMC</b>	Family Medicine Center
<b>FMCTC</b>	Family Medicine Clinical Training Center
<b>FMNTP</b>	Family Medicine Nurse Training Program
<b>FMRP</b>	Family Medicine Residency Program
<b>FMTC</b>	Family Medicine Training Center
<b>FOP</b>	Feldsher Obstetrics Point
<b>FP</b>	Family Planning
<b>FPEI</b>	Family Planning Education International
<b>FY</b>	Fiscal Year
<b>GBAO</b>	Gorno Badakshan Autonomous Oblast
<b>GBP</b>	Guaranteed Benefit Package
<b>GP</b>	General Practitioner
<b>GRC</b>	Grant Review Committee
<b>GSAC</b>	Government Services Adjustment Credit
<b>GTD</b>	Global Training for Development Project
<b>HA</b>	Hospital association
<b>HCGP</b>	Healthy Communities Grants Program
<b>HCT</b>	Health Communication Team
<b>HF</b>	Health finance
<b>HIC</b>	Health Information Center
<b>HIF</b>	Health Insurance Fund
<b>HIS</b>	Health Information System
<b>HMC</b>	Health Management Center
<b>HOH</b>	Houses of Health
<b>HPC</b>	Health Purchasing Center
<b>HR</b>	Human resources
<b>ICD-10</b>	International Classification of Diseases Version 10
<b>ICMA</b>	International City-County Management Association
<b>ID</b>	Information Dissemination
<b>IDA</b>	International Development Association (World Bank)
<b>IDC</b>	International Diseases Code
<b>IDS</b>	Intensive demonstration site
<b>IEC</b>	Information, education, and communication
<b>IESC</b>	International Executive Service Corps
<b>IHF</b>	International Hospital Federation

<b>IKO</b>	Issyk-Kul Oblast
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>IOH</b>	Institute of Health
<b>ION</b>	International Organizations Network
<b>IPCS</b>	Interpersonal Communication Skills
<b>IPPF</b>	International Planned Parenthood Federation
<b>IR</b>	Intermediate result
<b>IUD</b>	Inter-uterine device
<b>JHPIEGO</b>	Johns Hopkins University affiliate working in reproductive health
<b>JICA</b>	Japan International Cooperation Agency
<b>JSI</b>	John Snow International, Inc.
<b>JWG</b>	Joint working group
<b>KAP</b>	Knowledge, attitudes, and practices
<b>KAFP</b>	Kazakhstan Association of Family Practitioners
<b>KCH</b>	Keeping Children Healthy
<b>KFW</b>	Kreditanstalt Fuer Wiederaufbau
<b>KMPA</b>	Kazakhstani Association for Sexual and Reproductive Health (formerly known as the Kazakhstani Medical Pedagogical Association)
<b>KSICME</b>	Kyrgyz State Institute for Continuous Medical Education
<b>KSMIRCME</b>	Kyrgyz State Medical Institute on Retraining and Continuous Medical Education
<b>KSMA</b>	Kyrgyz State Medical Academy
<b>LAC</b>	Kyrgyzstan Licensing and Accreditation Commission
<b>LAM</b>	Lactational Amenorrhea Method
<b>LRC</b>	Learning Resource Center
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MA</b>	Medical Academy
<b>MAC</b>	Medical Accreditation Commission
<b>MASHAV</b>	Israel's Centre for International Cooperation
<b>MCH</b>	Maternal and Child Health
<b>MCHC</b>	Maternal and Child Health Center
<b>MES</b>	Medical Economic Standards
<b>MHI</b>	Mandatory Health Insurance
<b>MHIF</b>	Mandatory Health Insurance Fund
<b>MIC</b>	Medical Information Center
<b>MOE</b>	Ministry of Education
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>MOU</b>	Memorandum of understanding
<b>MSF</b>	Medicins Sans Frontieres
<b>NCC</b>	Nurse Coordinating Council
<b>NCDE</b>	National Center for Drug Expertise
<b>NDP</b>	National Drug Policy
<b>NFMRP</b>	National Family Medicine Residency Program
<b>NGO</b>	Nongovernmental organization
<b>NHA</b>	National Health Accounts
<b>NHLC</b>	National Healthy Lifestyles Center
<b>NHPC</b>	National Health Promotion Center
<b>NIS</b>	Newly Independent States
<b>NJWG</b>	National Joint Working Group
<b>ODBP</b>	Outpatient drugs benefits package

<b>OFD</b>	Oblast Finance Department
<b>OHD</b>	Oblast Health Department
<b>OMT</b>	Office of Market Transition
<b>OPD</b>	Outpatient Department
<b>OPIB</b>	Oblast Project Implementation Bureau
<b>ORA</b>	Orphans, Refugees and Aid International
<b>OSCE</b>	Objective Structured Clinical Exam
<b>OSI</b>	Open Society Institute (Soros Foundation)
<b>OST</b>	Office of Social Transition
<b>PACTEC</b>	Partners for Communications Technologies
<b>PC</b>	Prenatal care
<b>PCV</b>	Peace Corps Volunteer
<b>PDB</b>	Population Database
<b>PEPC</b>	Promoting Effective Perinatal Care
<b>PGI</b>	Postgraduate Institute
<b>PGMI</b>	Postgraduate Medical Institute
<b>PHC</b>	Primary Health Care
<b>PHCP</b>	Primary Health Care Practice
<b>PHF</b>	Primary Healthcare Facility
<b>PIB</b>	Project Implementation Bureau
<b>PIU</b>	Project Implementation Unit
<b>PMP</b>	Performance monitoring plan
<b>POC</b>	Progestin – only contraceptive
<b>PPS</b>	Provider Payment System
<b>PRA</b>	Participatory Rapid Appraisal
<b>PSI</b>	Population Services International
<b>PTC</b>	Pharmacy and Therapeutics Committee
<b>QA</b>	Quality Assurance
<b>QI</b>	Quality Improvement
<b>QIP</b>	Quality Improvement Pilot Project
<b>QIS</b>	Quality Improvement System
<b>QPHC</b>	Quality Primary Healthcare
<b>R&amp;D</b>	Research and Development
<b>RCCME</b>	Republican Center for Continuing Medical Education
<b>RFA</b>	Request for application
<b>RFP</b>	Request for proposal
<b>RH</b>	Reproductive health
<b>RHPC</b>	Republican Health Promotion Center
<b>RIAC</b>	Republican Information and Analytical Center
<b>RK</b>	Republic of Kazakhstan
<b>SDC</b>	Swiss Development Corporation
<b>SES</b>	Sanitary and Epidemiological Service
<b>SHEP</b>	Sports and Health Education Project
<b>SIF</b>	Social Insurance Fund
<b>SPH</b>	School of Public Health
<b>SRC</b>	Systemic Research Center
<b>STG</b>	Standard treatment guidelines
<b>STI</b>	Sexually transmitted infection
<b>STLI</b>	Scientific Technology and Linguistics Institute
<b>SUB</b>	Small rural hospital
<b>SVA</b>	Semeinaia vrachebnii ambulatoria

<b>SVP</b>	Semeinaia vrachebnii punkt
<b>SVPA</b>	Semeinaia vrachebnii punkt association
<b>TA</b>	Technical assistance
<b>TARF</b>	Training Activity Request Form
<b>TASHME I and II</b>	Tashkent Medical Institute I and II
<b>TIAME</b>	Tashkent Institute for Advanced Medical Education
<b>TB</b>	Tuberculosis
<b>TB/DOTS</b>	Tuberculosis / directly observed treatment short-course
<b>TIMC</b>	Tashkent International Medical Clinic
<b>TOR</b>	Terms of reference
<b>TOT</b>	Training of trainers
<b>TQM</b>	Total Quality Management
<b>TRG</b>	Training Resource Group
<b>TS</b>	Treasury system
<b>TSMU</b>	Tajik State Medical University
<b>TWG</b>	Technical Working Group
<b>UNICEF</b>	United Nations Children's Fund
<b>UNFPA</b>	United Nations Population Fund
<b>USAID</b>	United States Agency for International Development
<b>USAID/CAR</b>	United States Agency for International Development/Central Asian Region
<b>UZMPA</b>	Uzbekistan Medical Pedagogical Association
<b>WAN</b>	Wide area network
<b>WB</b>	World Bank
<b>WCHD</b>	Woman and Child Health Development Project
<b>WG</b>	Working group
<b>WHO</b>	World Health Organization
<b>WONCA</b>	World Organization of Family Doctors
<b>WTO</b>	World Trade Organization
<b>ZP</b>	ZdravPlus